Colonial Hospitals and Lunatic Asylums.

1. A CIRCULAR despatch of January 1st, 1863, addressed to the Governors of colonies, after reciting that certain evils and defects which had recently been disclosed in the public hospital at Kingston in Jamaica, and flagrant abuses and cruelties of long standing which had been detected in the lunatic asylum at the same place, had suggested the expediency of making inquiry into the state of similar institutions in other colonies, proceeded to request information on topics set forth in one series of interrogatories relating to public hospitals; and in a second, relating to lunatic asylums. Answers to these interrogatories have, up to the present time, been received from thirty-three colonies, comprising accounts of the condition of thirty-nine hospitals and twenty-eight asylums.*

2. The following minute comprises:—

I. Such an account as these answers supply of the general condition of the hospitals and asylums of the colonies, in each of the four groups respectively forming four divisions of the Colonial Office; the materials being arranged in each group under the five heads of,—

(*a.*) Endowment and funds.
(*b.*) Structure and sanitary arrangements (site, sewerage, rainage, water, space, ventilation).
(*c.*) Internal economy (doctors, attendants, diet, restraint, employment, religious services).
(*d.*) Government or constitution. And
(*e.*) Provisions for supervision, and reports.

II. A summary of the classes of defects most generally prevailing.
III. Suggestions for the cure of such defects; and
IV. A list of all the institutions, with the particular defects found to exist in them severally.†

3. It must be preliminarily observed that the information furnished by the returns is generally speaking insufficient, and that more especially in the case of the worst institutions. There is enough stated to show that in many instances the present arrangements are compatible with the unchecked existence of the grossest abuses, and that gross abuses very commonly do exist; but there is a general absence of exact information as to their extent, and as to the facts which are requisite to form the ground of specific suggestions for their cure. There seems to prevail in the large majority of cases an almost incredible ignorance of the necessary conditions of efficiency, and it frequently happens that arrangements are described with complacency which are totally at variance with the most elementary principles. Still more frequently a general statement of satisfaction is substituted for any precise description. Yet, how far such general and unverified statements may be from representing the actual condition of things is to be understood from the instance of Antigua. In October 1863, it

* A list of those Colonies which have not yet replied is appended, Note 1, p. 35. Five of those which have replied maintain no public hospitals or lunatic asylums, viz., Tobago, Nevis, Gold Coast, Heligoland, and Labuan.

† Statements of the condition of the hospitals and asylums are to be taken to apply to the condition in which such hospitals or asylums were at the time of the writing of the answers in each case. The dates of the despatches inclosing the answers are given with the particular accounts of the several institutions in Part IV.

was reported in general terms that the hospital and asylum of that island were in a completely satisfactory condition; and yet it appears from more particular returns subsequently furnished that both those institutions, though far from being the worst of their class, are very defective in several of the most vital points of construction and management.

The insufficiency and want of certainty which impair the value of the answers generally have been fatal to the utility of most of those which are replies to demands for exact statistical information. The proportions of deaths, discharges, and cures are wholly omitted in a large number of instances, and in many of those in which they are given, the clearness of the questions has not prevented the answerers from selecting ways of reckoning often inconvenient in themselves and incapable of being compared with each other.

It must be remembered in considering the necessity for reformation, that these returns are made by persons on whom there lies at least a moral responsibility, and that they must be construed accordingly.

4. Statements made in Part I with reference to the general condition of hospitals and asylums in the colonies of each division are not to be taken to apply to every such institution in the division, unless it is expressly so stated, but to have reference to the characteristics generally prevailing in the majority of instances. Any important exceptions to general statements are mentioned either with the general statements, or under the head of the particular institution in Part IV. Cases where no information is given, or can be implied, are disregarded in the general statements.

Part I.—General Condition of the Hospitals and Asylums.

West Indian Colonies.

a. Endowment and Funds.

5. The West Indian hospitals and asylums are universally destitute of permanent endowments, and receive but little aid from private subscriptions. A portion, generally inconsiderable, of their funds is derived from payments made by patients who are not paupers, or in the case of seamen and labourers, by their captains or employers, and the remaining charges, after having been passed by the managing boards, and, in some cases, by the Governor, are paid by the public treasuries.

b. Structure and Sanitary State.

6. In the character of their buildings and in all sanitary arrangements these institutions are for the most part signally defective. The buildings are in many cases old barracks, prisons, or private houses, in no way adapted for their present purposes, and wanting in every requisite for economy of labour, or the first conditions of health. In only three out of the whole number of twenty-seven, from which answers have been received in this division, is there any tolerable provision for sewerage, drainage, and latrines; and of these, three, namely, the Port of Spain hospital in Trinidad, and the Antigua and Jamaica asylums, the first has been supplied only since the date of the despatch, and the third is a new structure erected since the Commission of 1861. Drainage left to nature, often in cases where nature would have to work uphill, latrines without water, and adjoining the wards, sewerage passing through open gutters into cesspools, the very cleansing of which in a tropical climate only diffuses miasma, are the ordinary arrangements in matters vital in hospitals, and not less than ordinarily important in asylums. Space and ventilation are equally disregarded. Whilst it is now established that from 800 to 1,000 cubic feet of space per head is necessary in associated and from 1,250 to 1,500 in single dormitories in temperate climates, and probably a quarter more under the tropics, there are six places where less than 500 is allowed. The asylum of Dominica gives 300 in single cells, the Vieuxfort hospital in St. Lucia 281 in associated wards, and the majority of the rest range from 500 to 800, and this often with the most imperfect ventilation; with reference to which it must be remembered that it is found to be practically impossible to ventilate properly a room of very insufficient size.

From the tone of the answers, it would appear that there is a general ignorance of the necessity for any extraordinary care in these respects, and of the existence of any settled principles regarding them. The effects are not the less manifest in the prevalence and destructiveness of gangrene, dysentery, and skin and bowel complaints generally, which, as is well known in European hospitals, are the invariable concomitants, and often the first indications, of sanitary defects.*

There is one of these institutions the sanitary condition of which calls for particular remark as an instance of inveterate neglect in the face of warning, and as a proof of the necessity for strong measures of reform. In November 1861, the Commissioners appointed to examine into the state of the hospital and asylum at Kingston in Jamaica, reported that—

"No doubt can exist as to the unsuitableness of the Female Hospital as a place of medical treatment. It may be almost said to reverse every condition which ought to be observed under such circumstances. The wards, which are of wood, are small, low in the roof, close, and ill-ventilated. They are so slightly raised above the ground that the earthy exhalations, after rain, cannot but act injuriously on the patients. Except by closing the windows, and substituting one evil for another, no efficient protection exists against the damp or cold. Unglazed, few in number, and badly constructed for the admission of light and air, those windows are only apertures. Of Ward No. 5, the position is such as to expose its inmates to the rays of the western sun, which beat in upon it with a glare and intensity certain to cause suffering. To remedy this inconvenience by a screen, or other contrivance, no attempt has yet been made. As regards sewerage, matters could not possibly be in a more unsatisfactory condition. Of the privy, when we visited the institution, the state was such as to make it disgusting to approach it. No apartment is provided for the performance of operations, but only a shed, open at the sides, in which formerly, from the pure necessity of the case, this nice and delicate department was conducted. Originally (1850) the subject of these remarks was nothing but a makeshift (having been formerly what is known as a negro yard) to relieve temporarily the Male Hospital, and was never intended as a permanent institution," &c. (Page 10 of Report.)

Nothing appears to have been as yet done to destroy the applicability of these strictures.

c. Internal Economy.

7. Defects of internal economy are very difficult to discover, and in estimating them many allowances must be made both in excuse and in aggravation.

The hospitals uniformly make a merit of entirely excluding "contagious" or "infectious" cases: an exploded prejudice where the wards are roomy and well-ventilated, but one which may not be groundless where the atmosphere is of itself enough to breed fever, though it can be no apology for not providing proper wards for the treatment of such cases with others.†

Some of the hospitals are crowded with incurables, and the asylums with mere idiots who take nothing but harm from confinement and association with the insane.

In the majority of instances there is no resident medical officer, a want which is the occasion of great evils.

The proportion of nurses or keepers to patients, though not always of itself apparently insufficient, is yet really so in many cases if all the circumstances are taken into account. Many fewer nurses in proportion are required where there are a great number of patients properly classified in large wards with every appliance for economy of labour and time than are necessary in these small and inconvenient and ill-found establishments.

Lastly, the asylums are generally without provision for religious services, and uniformly without proper means for the amusement and employment of the insane. Curative treatment of insanity is, indeed, not yet in its infancy in the West Indian colonies. It is, however, satisfactory to find that the idea of excessive restraint is generally repudiated even in them.

d. Constitution.

8. The government is in almost all cases vested in boards which are composed partly of *ex officio* members, partly of nominees of the Governors, and

* At the Roseau infirmary in Dominica, 12 out of 29 deaths, in 1862, were from skin diseases and dysentery; and diarrhœa was the cause of 2 deaths out of 3 at the Bermuda asylum.

† Small-pox must be excepted from the general rule; and see p. 20.

usually include some members of the councils. These boards monopolize all superior functions. They make regulations subject to the Governor's approval, they judge of complaints, they administer the finances, appoint to offices, inspect and report (nominally at least), and finally some of their members, as being also members of the Legislature, approve in council what they have done as commissioners.

In one instance (Castries in St. Lucia) unlimited power is given to the medical officer, and in other cases there are more or less slight variations, but such is the general model.

e. Supervision and Reports.

9. In the matter of inspection and reports, which rise in importance in proportion to the badness of the management, there is a great deficiency. Except the discretionary visitations of the Governors, which are not always very frequent, there is seldom any provision for inspection by persons not connected with the institutions. The regulations in some cases provide for the appointment by the boards of visiting committees from their own number; but as they are the only check on themselves, there is no security that they perform their duties, and as a matter of fact in at least two instances even the statutable inspections are confessedly neglected.

Reports or lists of admissions, discharges, and deaths, are sent annually or semi-annually to the Governors, and frequently to the boards, which themselves publish annual statements; but there is nowhere any provision for that kind of reports which is of more value than any others—reports, that is, of the actual working of every part of an institution, made frequently to superior authorities otherwise unconnected with the management.

10. To sum up, of all the twenty-seven establishments, putting aside the new asylum in Jamaica, one only, the Port of Spain hospital in Trinidad, can be said to be in a most satisfactory condition. Throughout all the rest, in a greater or less degree, runs the same complexion of structural and sanitary defectiveness, of insufficient attendance, internal mismanagement, and want of supervision, resulting in the case of the hospitals in an unnecessary waste of life and means, and in the asylums in the substitution in effect of a system of imprisonment for one of cure. Conspicuously the worst are the hospitals and asylums of British Guiana, St. Lucia, and Dominica, which hardly yield, it may be believed, to what those of Jamaica were two years ago, and have not yet wholly ceased to be.

11. No doubt much of what is bad in these West Indian institutions is to be ascribed to the smallness of the islands, and of their populations and revenues. Their poverty suggested the mistaken economy which accepted the first site and building which offered as sufficient for the wants of a limited number of applicants; and to minuteness of scale is chiefly to be traced their general want of system, and their slovenly and ineffective management.

But it is to be feared that much is also, in the case at least of the hospitals, the result of a want of due consideration for the immigrants for whom they were in many instances originally established. Though the first of these causes cannot be obviated, it is time that the second should cease to operate to the discredit and loss of the entire communities.

Mauritius.

12. *Mauritius.*—The expenses of the treatment of lunatics at the lunatic asylum of Mauritius are chargeable to the poor relief funds of the districts in which they are domiciled. The same rule seems to be followed at the hospital.

The sites and buildings of both institutions are small and inconvenient, and better situated and more commodious structures are urgently required. Several of the present wards are too confined, and the existence of sanitary defects, though not otherwise confessed, seems to be indicated by the great prevalence of bowel diseases.

The asylum provides no sufficient employment for the lunatics, and the hospital is without any resident or restricted medical officer, and without any proper system of inspection by superior authorities.

In other respects these two institutions seem to be very well managed.

The rapid increase of Indian immigrants necessitates the establishment of district hospitals for their accommodation.*

It is remarked in Mauritius that the Indians and coloured creoles or ex-apprentices feel a great dread of entering the hospital, and conceal their diseases often till they become incurable.

* See s. 74, p. 28.

13.—Comparative Table of Hospitals and Asylums in the West Indian Division (with Mauritius).

Name of the Institution.	Size of Site, or Quantity of Land.	Cubic feet of Space per Head. *a.* In associated rooms. *b.* In single rooms.	Superficial area per head, or interval between beds (not asked for in the case of Asylums).	Average number under treatment at one time; or annual admissions.	Number of Medical Officers, and whether resident or restricted in practice.	Number of Nurses or Keepers.*	Average duration of treatment.
JAMAICA—		*a.* | *b.*					
Hospital	—	} *See* s. 59. {	—	200	2 resident and restricted, and 2 visiting.	14 day, 5 night	—
Asylum	50 acres.		—	147	1 not resident nor restricted	1 to 15 patients	—
BRITISH HONDURAS—							
Asylum	—	—	—	—	—	—	—
TURK'S ISLANDS—							
Hospital	—	Under 700 | ...	—	47 annual admissions	1 not resident nor restricted	2	12 days.
BRITISH GUIANA—							
Georgetown Hospital	—	700 | ...	51 square feet	3,144 admissions	2 resident and restricted	1 to 16 patients (including 2 night)	—
New Amsterdam Hospital	—	800 | ...	83 to 50 square feet	116	1 not resident nor restricted	12	34 days.
Georgetown Asylum	6 acres.	— | 770	—	52	Same staff as Georgetown Hosp.	4	—
TRINIDAD—							
Port of Spain Hospital	9 acres.	953 to 3,600 (?) | ...	65 square feet	951 admissions	1 resident and 1 visiting	8	—
San Fernando Hospital	—	1,280 | ...	2 feet interval	600 „	1 resident and restricted	5	39 days.
BARBADOS—							
Hospital	—	822 | ..	2½ feet interval	90	3 not resident nor restricted	5	6 or 8 months (?)
Asylum	6⅔ acres.	800 to 450 | 958 to 433	—	59	1 resident	1 to 7½ patients	—
ST. VINCENT—							
Hospital	—	600 | ...	40 square feet	20	1 not resident nor restricted	2	30 days.
GRENADA—							
Hospital	—	900 | ...	100 to 65 square feet.	27	1 resident not restricted	3	55 days.
Asylum	2½ acres.	.. | 4,000	—	1 admission	1 not resident nor restricted	3	—
ST. LUCIA—							
Castries Poor Asylum	} No land but the site and a small yard. {	— | ...	44 square feet	50	} For all four, one not resident nor restricted {	2	For life.
„ Yaws'-house...		— | ...	—	44		2	8 months.
„ Immigrant Hospital		— | ...	40 square feet	200 admissions		2	4 to 6 weeks.
„ Lunatic Asylum	3 acres.	.. | 1,000	—	7		2	2 years.
Soufrière Hospital	—	600 | ...	50 square feet	26	2 not resident nor restricted	2	40 days.
Vieuxfort Hospital	—	281 | ..	3 feet interval	20	2 not resident nor restricted	2	44 days.
ANTIGUA—							
Hospital	1½ acre.	500 to 330 | ..	2½ feet interval	478 admissions	1 not resident nor restricted, and 1 consulting	2	—
Asylum	Small gardens.	... | Less than 640 in 22 cells	—	48	1 not resident nor restricted	6	—
DOMINICA—							
Morne Bruce Poor Asylum	—	—	60 to 40 square feet	89	} 1 not resident nor restricted {	2	—
„ Lunatic Asylum	—	... | 300	—	3 or 6		1	—
Roseau Infirmary	—	500 | ..	50 square feet	21	1 not resident nor restricted	3	—
MAURITIUS—							
Hospital	7,200 square yards in all.	800 to 1,500 | ..	100 to 60 square feet	227	3 not resident nor restricted	37	22 days.
Asylum	1 acre and 10,935 sq. yards.	640 to 2,332 | ...	—	130	1 resident but not restricted	1 to 13½ patients	8·17 months.

* The numerical Returns cannot always be relied on for accuracy. In particular, the value of those which relate to the number of Attendants is often much lessened by the absence of any description of the kinds of persons who are so denominated. Out-door servants, scrubbers, cooks, &c., seem to be sometimes included.

North American Colonies.

14. The grosser defects which disgrace the West Indian hospitals and asylums do not exist at all so generally, or in the same degree, in those of the North American colonies.

It is remarkable that in the six colonies which have replied in this division there are twelve asylums, and only three public hospitals; New Brunswick, Nova Scotia, and Prince Edward Island being without hospitals. It can hardly be doubted that some public provision for the indigent sick is necessary in each of these cases.

The number of asylums is explained by the great and increasing amount of insanity, which, in Newfoundland, is sometimes said to be caused chiefly by the dangers and vicissitudes in summer, and the poverty and monotonous life in winter, of the fishing population, together with their habits of intermarriage with relations, and their want of education, but is generally regarded as inexplicable. It is calculated that there are at present, in the Lower Province of Canada alone, 130 insane persons who cannot be accommodated in the asylums, and that in Nova Scotia 223 out of a total of 340 are still unprovided for.*

a. Funds.

15. The revenues are, in most cases, chiefly derived from fixed grants from the provincial treasury; but in Nova Scotia each county is chargeable with the expense of maintaining its insane poor; and the medical superintendent, in a published report, strongly objects to a proposed plan of charging the province, as tending to relieve the nearer counties unfairly and at the expense of the rest.

b. Structure and sanitary state.

16. There are in all these institutions great structural deficiencies. In no instance is sufficient space generally allowed. The basement cells in the Prince Edward Island asylum give no more than 323 cubic feet to each patient, and this in a climate where the cold in winter may be supposed to be as preventive of ordinary ventilation as heat is within the tropics. The St. John's asylum, in Canada, is so bad that the questions are said to be "inapplicable."

The Newfoundland hospital and Prince Edward Island asylum are without any but surface sewerage or drainage, discharged into cesspools.

c. Internal economy.

17. Under the head of internal economy the only general defects which appear are the frequent insufficiency of attendance, and the want of amusement and employment for the insane. The general cry is for more land, which provides the best kind of occupation, and is profitable when it can be obtained on fair terms. A situation where enough land cannot be had is not fit for an asylum.

Contagious and infectious cases are admitted into the Newfoundland hospital, and no mention is made of any inconvenience resulting from this practice.

d. Constitution.

18. The boards in which the government is in several cases vested are differently constituted from those of the West Indian colonies, and have less general powers, greater authority being entrusted to the medical superintendents. The Prince Edward Island asylum is governed on the West Indian model, and is the worst, after St. John's, of the whole number of North American asylums.

All the Canadian institutions are under the general control of a central board of Inspectors of Asylums, Prisons, &c., to whom belongs the credit of the great improvements which have been made in those establishments.

e. Supervision and reports.

19. The system of visitation and reports now in use in Canada cannot be improved, unless by the addition, in the case of asylums, of daily reports, by head wardsmen or keepers, in the form suggested by the Commissioners in Lunacy, and appended in note 5, p. 39.

But some better arrangements in these respects are very necessary in New Brunswick and Prince Edward Island, in neither of which are there any records of the employment of restraint, and in the first of which no visitation is ever made, except once by each Governor during his whole term of office.

* It may be remarked that insanity seems in these colonies to be generally connected with consumption. Two-thirds of the deaths at the Beauport asylum, in Lower Canada, 60 out of 145 at Toronto, 13 in 25 at Malden, and 18 in 105 in New Brunswick, were caused or hastened by pulmonary disease. No such close relation is discoverable in other divisions.

20. The Bermudas asylum, perhaps the worst of all the cruelly ill-managed prisons for lunatics in the colonies, is a striking instance of the results which follow from the want of any recognized system of management and inspection, and from the policy which vests all authority in persons too far removed from the immediate working of the establishment to be responsible or curious about the result.* Otherwise it calls for no general remarks apart from the statement of its particular defects, for which see Part IV, s. 87. BERMUDAS.

21.—COMPARATIVE TABLE of Hospitals and Asylums in the North American Division.

Name of the Institution.	Size of Site and Quantity of Land.	Cubic Feet of Space per Head. a. In Associated, b. In Single Rooms.		Superficial Area, and Interval between Beds.	Average Numbers under Treatment at one Time.	Number of Medical Officers, and whether Resident and Restricted in Practice.	Number of Nurses or Keepers.	Average Duration of Treatment.
		a.	b.					
CANADA.	acres.							
Quarantine Hospital	500	—	—	1½ ft. interval	367 admissions	1 resident and 1 not resident	1 to 25 patients	21 days
Mariue Hospital	—	650–760	...	2½ ft. interval	150 in summer 70 in winter	1 resident and 4 visiting	7	20 days
Toronto Asylum	50	780 (general average)		—	360	1 resident (?)	1 to 15 patients	311 days
Orillia (Branch) Asylum ...	8½	500 (general average)		—	121	1 resident (?)	13	} Incurables
University (Branch) Asylum ...	—	—		—	67	...	...	
Malden Asylum...	58	550 (general average)		—	221 gross cases	1 resident	18	
Rockwood (Criminal) Asylum...	35	720	924	—	90	1 resident	1 to 11½ patients	2 years
Beauport (Proprietary) Asylum	150	—	—	—	442	1 resident and several visiting	50	4½ years
St John's Asylum	½	—	—	—	58	1 not resident nor restricted	6	...
NEW BRUNSWICK.								
Asylum	37	—	—	—	174	1 resident	18	8 months
NEWFOUNDLAND.								
Hospital...	—	679½	...	4-5 ft. interval	95	2 not resident	4	28 days
Asylum	18	640	807½	—	88½	1 resident	9	262 days
NOVA SCOTIA.								
Asylum	85	510	1,150	—	120 (?)	1 resident	15	310 days
PRINCE EDWARD ISLAND.								
Asylum	10	533	323	—	22½	1 not resident	5	314 days
BERMUDAS.								
Asylum	6½, of which 1½ only can be cultivated	...	540–901	—	12	1 not resident nor restricted	4	3 years 19 days

MEDITERRANEAN AND AFRICAN COLONIES.

22. Whilst in the North American colonies, insanity almost engrosses public attention and care, the six African dependencies from which answers have been received, maintain only three asylums, and those ill-constructed and ill-managed. On the other hand, the eight public hospitals, though not without great defects, are for the most part managed with care and are generally more under the direct influence of the Governors than is usually the case in the other divisions.

The very small asylum at St. Helena is parochial, and to this its badness is to be attributed. The parochial authorities ought not to be suffered to retain the exclusive control of an institution which they can hardly have either the knowledge or the means to conduct properly.

The Cape asylum in Robben Island suffers both from want of connection with any central medical authorities who might exercise supervision and suggest improvements, and from an anomalous subordination to the Somerset hospital. The lunatics are admitted to the hospital and then handed over to the asylum, an arrangement which results in the frequent loss or detention of the certificates and other preliminary documents relating to the proofs, causes, and previous nature of the disease.

23. The funds for the maintenance of the pauper patients are generally derived from the colonial treasuries. It does not appear that there are fixed grants. The Albany and Port Elizabeth hospitals at the Cape are chiefly, if not entirely, supported by private endowments and private subscription. In St. Helena the parochial authorities are chargeable. They contract with a private person for the care of the insane. Amongst the many bad results to be expected from this arrangement, the following may be selected as the worst: i. The management of the insane is withdrawn from publicity and *a.* Funds.

* The Governor and Council appear to form the board of control.

external control. ii. It is the interest of the contracting keeper to retain patients for whom he is paid as long as possible, and to treat them as cheaply as possible. iii. It is competent to him, as it is his interest, to minimise the intervention and supervision of medical men. Such a system, indeed, excludes the idea of curative treatment.

There was formerly a hospital in Gold Coast, but it was closed in 1861, in consequence of the refusal of the people to pay the poll-tax, and has not since been opened.

b. Structure and sanitary state.

24. There are very general sanitary deficiencies. The Somerset and Albany hospitals at the Cape are the only instances of sufficient space and ventilation; whilst at the Robben Island asylum only 500 cubic feet, at that of Sierra Leone 603, are allowed to each patient. At the Greys hospital, in Natal, two patients are sometimes placed in cells containing $718\frac{1}{4}$ cubic feet, which is insufficient for one, whilst the nature of the building prevents ventilation.

The Somerset, Sierra Leone, St. Helena, and Natal hospitals are provided with some artificial sewerage and drainage. Of the other institutions, five have no artificial arrangements of this kind. The usual latrines are holes over uncovered gutters, leading into adjoining cesspools, which are occasionally cleared by hand.

c. Internal economy.

25. In only three instances is there a resident medical officer. The St. Helena contract asylum is without any regular medical attendance, the parish doctor visiting only when summoned by the keeper.

It does not appear that there is in these colonies any general numerical insufficiency of nurses or keepers, the service of native or other coloured attendants being easily and cheaply obtained.

There is in the asylums the usual want of employment for the insane. The managers seem to be generally incapable of devising any occupation for them except in menial services.

There is reason to believe that excessive and arbitrary use of seclusion and restraint prevails in the Robben Island asylum;* and at the two others, though excess is denied, no records are preserved.

Constitutions.

26. The Albany and Port Elizabeth hospitals at the Cape are managed by boards appointed by the subscribers, in both cases without the intervention of any resident medical officer. The other institutions are, it appears, directed by their respective medical officers, generally non-resident, under the control of the governors.

The regulations which are at present in force at the Robben Island asylum were framed when it was much smaller than it is at present, work very badly, and require to be altered.

e. Supervision and reports.

27. There is an universal want of any proper system of visitation and reports. At the St. Helena asylum there are no registers or records of any kind.

Gibraltar.

28. In the hospital of Gibraltar the ordinary evils of government by a board are aggravated by the board in this case being composed of representatives of subscribers of different religious creeds, whose jealousies divert the resources from the general good. The asylum is a part of the gaol.

* See Part IV., s. 84.

29.—Comparative Table of Hospitals and Asylums in the Mediterranean Division (with Africa).

Name of the Institution.	Size of Site or Quantity of Land.	Cubic Feet of Space per Head. *a.* In Associated, *b.* In Single Rooms.		Superficial Area, and Interval between Beds.	Average Numbers under Treatment at one Time (or Annual Admissions).	Number of Medical Officers, and whether Resident and Restricted in Practice.	Number of Nurses or Keepers.	Average Duration of Treatment.
		a.	*b.*					
Gibraltar.	acres.							
Hospital	—	1,386–471	...	100–48	50	2 resident, not restricted	7	32 days
Asylum	9,030 sq. ft.	...	1,086	—	4 or 5	—	3	—
Gambia.								
Hospital	—	700–900	...	4 ft. interval	—	1 resident, not restricted	2	—
Sierra Leone.								
Hospital	—	1,120–714	...	2–2¼ ft. interval	505 gross cases treated 1862	2 not resident nor restricted	9	35 days
Asylum	10	603 (general average)		—	68	2 not resident nor restricted	5	646 days
St. Helena.								
Hospital	—	865	...	3 ft. 8 in. interval	15–27	1 not resident nor restricted	4	22 days
Asylum	14	—	—	—	8	None	3	No cures or discharges
Cape.								
Somerset Hospital ...	—	1,200	...	—	664 admissions	1 resident and restricted	7	12 days
Albany Hospital	—	908–1,848	...	4 ft. interval	12	2 not resident nor restricted	3	21 days
Port Elizabeth Hospital ...	5	925	...	3 ft. interval	36	2 not resident nor restricted	4	26 days
Robben Island Asylum ...	2 (?)	500	...	—	156	1 resident and restricted	1 to 12 patients	40 months
Natal.								
Grey's Hospital	—	Sometimes 2 patients in 718·3 feet		130–28	113 gross cases	1 not resident nor restricted	7	20½ days
Durban Hospital	¾	700	...	4 ft. interval	92 gross cases	1 not resident nor restricted	2	21 days

Note.—No answer has been received from Malta, but from other sources of information it appears that a model hospital is in course of erection there. (*See* Miss Nightingale's "Notes on Hospitals," p. 104.)

Australian and Eastern Colonies.

30. Hong Kong falls under no natural group. The prominent defects of its two public hospitals are the usual ones of sanitary condition and supervision. Hong Kong.

31. There remain Tasmania and the Australian colonies. The public hospital and asylum of the first are apparently faultless in every respect, except that in the asylum three wards are very deficient in space. Since 1860 the hospital has been under the management of a board of twelve members, appointed by and responsible to the Colonial Government. The asylum is administered by nine Commissioners appointed by the Governor.

32. Of the Australian colonies, Victoria and Western Australia have furnished accounts of the condition of six public hospitals and two lunatic asylums. In this case, as in the other colonies generally, the asylums are inferior to the hospitals, not only in matters belonging specially to their particular province, but in the common requirements for sanitary and economical efficiency.

33. The four Victorian hospitals appear to be supported chiefly by private endowments and subscriptions. They are managed liberally, and are objects of general interest. The Yarra Bend asylum in Victoria, and in Western Australia the Perth hospital, appear to be supported by the colonial Governments; whilst the Fremantle hospital, and, apparently, the asylum at the same place, are portions of the convict establishment. *a.* Funds.

34. The Melbourne and Fremantle hospitals alone are sanitarily efficient. Of the rest, the Geelong and Castlemaine hospitals, and notably the two asylums, are very deficient in space. Geelong, Ballarat, Perth, and the Fremantle asylum have no proper sewerage or drainage, the last being also without baths or lavatories. There appears to be only a single latrine provided with water in the whole three-quarters of a mile over which the buildings of the Yarra Bend asylum are scattered. *b.* Structure and sanitary state.

35. The internal economy of these institutions seems to be generally satisfactory. The Perth hospital and Fremantle asylum are the only ones without a resident medical officer, and the staff of attendants is ample in all *c.* Internal economy.

but one instance. This exception is Castlemaine, which, giving only an average of 533 cubic feet to each of 90 patients, provides no more than four nurses for them: two defects which seem to connect themselves with the fac that the average stay of the patients is here about 60 days, which is double the average of the other Australian hospitals.

The Fremantle asylum is almost destitute of land, or any other means for the employment of the insane; and the management of that at Yarra Bend must be impeded by the wide dispersion of the buildings. The state of this asylum is said to have improved much since Mr. Paley's arrival.

d. Constitution.

36. The four hospitals of Victoria are governed by boards, but very different ones from those which are responsible for the abuses permitted to exist in the West Indian institutions. Here the boards are not committees unconnected, except by their office, with the establishments of which they engross all the control, and uniting in themselves both the interest and the power to repress expenditure, but representatives elected by the subscribers, and responsible to them, placed in their position only by their own liberality, and likely to economise only to the extent of making the money which they have already contributed extend to do the greatest amount of good. In addition, these hospitals are immediately managed by resident medical officers, and are further protected by the public interest which they excite.

The Fremantle Convict hospital has been governed by the Comptroller-General; the asylum at the same place, and that at Yarra Bend, with the Perth hospital, are managed by paramount medical chiefs.

It is to be observed, in reference to the unsatisfactory condition of the Castlemaine hospital, that the Managing Committee complain that the action taken by the Government with reference to private contributions has helped to prevent them from adding a new female ward and making other necessary improvements; but there is no explanation of what is the action referred to.

e. Supervision and reports.

37. The provisions for visitation and reports are generally insufficient. The Yarra Bend asylum is inspected by a visiting board of five members (of whom two are medical) appointed by the Governor in council; but the Melbourne, Geelong, and Ballarat hospitals seem never to be visited by superior civil authorities; and the rest require a more systematic supervision than that to which they are at present subject.

38. The Governor of Victoria expresses his regret that a design of building three new lunatic asylums in different parts of that colony has been postponed.

39.—Comparative Table of Hospitals and Asylums in the Australian and Eastern Division.

Name of the Institution.	Size of Site or Quantity of Land.	Cubic Feet of Space per Head. *a.* In Associated, *b.* In Single Rooms.		Superficial Area, and Interval between Beds.	Average Numbers under Treatment at one Time.	Number of Medical Officers, and whether Resident and Restricted in Practice.	Number of Nurses or Keepers.	Average Duration of Treatment.
		a.	*b.*					
Hong Kong.								
General Hospital	—	800	...	2 ft. interval	50	1 resident and restricted and 1 not resident nor restricted	7	—
Lock Hospital	—	800	...	—	33	1 not resident nor restricted	3	22 days
Tasmania.								
Hospital	2 acres (?)	1,200-1,300	...	5 or 6 ft. interval	126	1 resident and restricted and 4 not resident	14	30 days
Asylum	40 acres	590-1,540	...	—	264	1 resident, not restricted	29	446 days
Victoria.								
Melbourne Hospital ...	—	774-1,162	...	2½-3 ft. interval	320	4 resident and restricted and 16 honorary	33 day, 8 night	—
Geelong Hospital	—	650-820	...	2 ft. interval	135	1 resident and restricted and 4 honorary	1 to 11 patients	37 days
Castlemaine Hospital ...	--	533 (general average)		2½ ft. interval	90	1 resident and restricted and 4 honorary	4	60 days
Ballarat Hospital	—	1,200	...	4 ft. interval	94	1 resident and restricted and 6 honorary	8	33 days
Yarra Bend Asylum ...	640 acres	595 (general average)		—	702	3 resident and restricted	80	9 months
Western Australia.								
Perth Hospital	—	—	—	54 sq. ft.	144 admissions	1 not resident nor restricted	2	21 days
Fremantle Hospital (Convicts)	—	960-1,200	...	2¼-1⅔ ft. interval	263 gross cases	1 resident, not restricted	1 to 10 patients	—
Asylum	2½ acres rented	—	—	—	42 (?)	1 not resident nor restricted	3	20 months

Part II.—Summary of the Classes of Defects most generally prevailing.

40. The apparent condition of the colonial hospitals and asylums may be summed up in a few words. There are few, if any of them, in which positive cruelties, deliberately committed, can be asserted actually to find place, but there is hardly a single institution in which, in a greater or less degree, primary sanitary requirements are not neglected; and few in which there is any sufficient security, in the nature of inspections and reports, against the present or the possible existence of even the grossest secret abuses. The worst cases are the small institutions of the West Indian colonies, Bermuda, and Gibraltar; but even the largest establishments in the richest colonies, with a few exceptions, show something of a make-shift character, and of utility narrowed by mistaken economy. The asylums, except in Canada, which has only two general hospitals, are almost universally worse than the hospitals, and sometimes suggest the impression that they are, perhaps unconsciously, regarded too much as means of relief from a troublesome class, without care for curative treatment. They are apt to be considered, on the one hand, as less imperatively requiring specific skill in their management; and, on the other, as dangerous subjects for the interference of lay reformers. Nor does insanity appeal so strongly to common sympathy as those diseases to which men ordinarily feel themselves liable. It cannot be a matter of wonder that the evils which till lately disgraced the asylums of this country should occasionally repeat themselves in the colonies.

a. Funds.

41. Following the order of the five heads above distinguished, it is to be observed, first, that the endowments being almost always supplied or supplemented by the colonial treasuries, the enforcement or neglect of reforms rests in the power of the Legislatures.

b. Structure and sanitary state.

42. With regard, next, to sanitary arrangements, it appears that the sites are, in many cases, bad; but bad sites often mean convenient situations, and the site is often of comparatively small consequence if the buildings are good and well-arranged. Of this the Port of Spain hospital, in Trinidad, is an instance, which, though occupying the site of the once deadly Orange Grove Barracks, is not only the best managed, but the most healthy of all the West Indian hospitals. But no such corrective is generally applied to the natural evils of the sites. In general the buildings are ill-arranged and ill-cleansed. Open sewerage and cesspools adjoining the houses, bad enough in this country, are fatal in tropical climates, or when aggravated, as at Gibraltar and Bermuda, by the absence of any provisions for determining the course or position of filth, which, being left to make away with itself, breeds pestilence, and renders the hospitals centres of disease.* Not second to this is the crowding and smallness of the wards. It is not merely that, without a certain capacity in the ward, proper ventilation is impossible, but the space allowed to the patients is so small that it would still be destructive, even if ventilation could be supplied. In eight instances there are associated wards in which the sick poison themselves and one another in an average of less than 400 feet of cubic space per head; and there are two where, what is worse, the space of single cells falls below the same amount: and of the ten institutions thus deficient five are in hot climates. Equally deficient, in many cases, is the area or superficial space allotted to each bed. On this, quite as much as on cubical space or artificial ventilation, and more than on the height of the rooms, depends the purity of the air, and it is this easily cured defect which is the only excuse for the non-admission of contagious and infectious diseases which are, in general, dangerous only when beds are crowded too closely together. If any of these sanitary defects were to exist, even for a short time, in a London hospital, they would speedily make themselves felt in the prevalence of hospital gangrene, and in the general aggravation of many classes of disorders. In the Lariboisière hospital in Paris, a wind blowing for a few hours from the direction of a malarious quarter of the town was enough to give a malignant character to healthy sores. Yet in such influences the diseased in many colonial hospitals and asylums, pass their weeks or years.

* The custom of the country is often pleaded by way of apology for such defects; and certainly this plea is of weight as an excuse for those whose duties do not require them to inform themselves, though not for others.

c. Internal economy.

43. With the smallness of the wards is connected also another defect, which, though generally not great, is still sensible,—that of insufficient attendance. The same number of nurses which suffices for a ward of thirty-two beds is not too much for one of twenty.* Another, and perhaps the most prominent, defect of internal economy, is the frequent want of any resident or restricted physician or surgeon. It is needless to dilate on the evils which must result from the absence of perpetual medical care, and from the increased extent of important and difficult duties which are thus left to the ignorance of nurses overpressed with their own work.

Two more points of internal economy, which remain to be noticed, apply solely or chiefly to lunatic asylums. The first is the general insufficiency of means for the employment and amusement of the insane. It is certain that nothing is so important in their treatment as this, and yet menial services and circulation in confined yards in many cases exhaust the list. The perpetual cry of the Canadian inspectors and physicians for more land is not answered, and the Jamaica asylum provides for the occupation and amusement of 200 lunatics a barrel organ.

The other defect is the insufficient provision for religious services. But this is a difficult question, and its solution had better be left in each case to the Governor of the colony, or the chief inspector of the asylum. Injudicious religious attendants may be worse than none.

(*d.*) Constitution.

44. The questions arising under the head of government will have to be considered separately.

(*e.*) Supervision and reports.

45. Lastly, the most general defects after those of a sanitary kind, and not second in disastrous effect to them, are the want of proper supervision and reports. In the West Indian colonies the inspectors are committees of the managing boards, and are not likely to be zealous in reporting their own neglect, or to be able to detect in one capacity faults which they cannot see in another. Most of the Governors visit with more or less frequency, but in some cases their zeal appears to be checked by fear of awakening the jealousy of the boards, or by other causes. In some of the African colonies the Governors and colonial Secretaries visit zealously, but their activity can hardly compensate for the want of specific knowledge. The Canadian institutions are the only ones which are subjected to a special body of general inspectors properly qualified and devoted to their business.†

Reports of some sort, in greater or less quantities, are furnished by all but two or three institutions to the superior authorities, but they are generally of a statistical or financial kind only. There is apparently no instance of reports of that sort which alone are of much practical value, those, namely, which are made by various independent officers to the inspecting authorities at short intervals, of the actual working of the institutions, and of their reasons for exceptional treatment. Under the present system there is no security that proper control is exercised by superior over inferior officers, or that the rules are observed. It is certain that the continued existence of the defects discovered is chiefly owing to this want of proper provisions for inspection and reports.

46. As for the results of these defects, it is unnecessary to dwell on the extent to which "inadequate provision for the insane multiplies the number of incurables," or on the loss of life and time which is the consequence of the deficiencies of the hospitals; but it is worth while to state that whilst in twenty-four London hospitals the annual proportion of deaths to the average number of inmates is 90·84 per cent., and that in twenty-five English provincial hospitals only 39·41, the proportion in Jamaica (no longer the worst managed of the colonial hospitals) is 145·50, that in the Roseau infirmary in Dominica 130, and that in the Barbados hospital 200,‡ whilst at the Castries asylum in St. Lucia, which is not devoted to incurables, the deaths exceed the discharges.

47. There is nothing so striking in the condition of these institutions as the almost total want of system and of recognized principles of construction and

* See "Notes on Hospitals," p. 54.

† There is a lunacy commission in Mauritius, but its powers and duties are not described, nor do they appear to extend to supervision of the hospital.

‡ That is to say, each bed in the Barbados hospital is emptied of a corpse twice a-year on the average.

treatment. Even supposing that there had been no principles perfectly settled, it would have been better to have acted on doubtful ones as if they had been certain, and so to have tested and verified, or finally rejected them, than to have abandoned all rule and permitted what is certainly destructive. But there are some principles or rules which are perfectly well settled, and it is also well settled that these rules cannot be disregarded without increasing the rate of mortality, and the duration and cost of treatment, and proportionately diminishing the capabilities of the institutions; and if there are such principles, it may be a question whether institutions of this kind ought to be permitted to exist except on the condition of their observance. Institutions of pure benevolence require regulation and supervision; much more do establishments maintained, as are some of these, merely as the cheapest mode of getting rid of a social obligation.

For the rest, the defects as stated in the accounts of the several institutions (Part IV) must plead for themselves.

Part III.—General Suggestions.

Objects desired in the management of hospitals and asylums.

48. It is evident that the objects desired in the treatment of the diseased in curative hospitals and asylums are, that the greatest possible proportion of patients should be cured and in the shortest possible time, to which must be added in the case of asylums that the normal condition and rights of the insane should be infringed upon in as small a degree as may be consistent with efficient management. It is not justifiable to rest satisfied with a less number of cures than the disease reasonably admits of, or with a system which permits any unnecessary restraint.

The means to these ends are of three kinds,—material condition and resources, provisions for the management and application of those resources, and guarantees for such proper management and application; and, setting aside the question of whether in each case sufficient funds are provided, a matter which must here be taken for granted and cannot be made the subject of any general recommendation, three cardinal conditions may be selected which it is necessary to secure, (and which being secured all minor improvements will follow almost as of course), and which are fit subjects for general measures. These are—

(1.) The primary condition of sanitary efficiency.

(2.) That the administrative and executive powers should be vested where they will be most effectively and responsibly exercised. And

(3.) That there should be ready and certain means of testing and verifying the good working of every part of the machinery.

These three points are by far the most generally important. Several minor measures are suggested by the revealed condition of the institutions and by the reports of experienced authorities in this country and in the colonies, and may, perhaps, be properly pressed on the local administrators by way of suggestion and advice.

Sanitary Act.

49. The first condition to be considered is that of sanitary efficiency. For all defects in this kind, taking into account the prevailing ignorance, or the disregard of what is known, there seems to be but one remedy which would be certain or continuing in its operation, namely, the introduction into the several colonial Legislatures of bills to regulate the construction and sanitary state of hospitals and asylums.

It is difficult to see in what way such a bill could be resisted unless its provisions were extravagant. The class for whom such institutions are intended, they are treated at all, have a strong claim to be treated according to the conditions which scientific experience has found to be indispensable.

But as the poorer colonies (whose institutions are often the worst) could

not be called on to provide immediately the considerable funds which would be necessary in several cases for total reconstruction, and in others for extensive alteration, such a course would, by itself, be occasionally tantamount to the extinction of the institutions for a long time. To meet this difficulty it would probably become necessary in some cases to raise loans on the credit of the colonial revenues. The required sums would not be large, as they would be needed only where the institutions themselves are small; and as regards the additional burthen which the payment of interest would impose on small revenues, it may be confidently asserted that such initial expense would be in part, if not wholly, returned indirectly by the economy of management, and of valuable time and lives which it is the direct tendency of improvements in construction and system to produce.*

Should such a measure be carried into operation, it would probably be the commencement of general sanitary reform in countries where its advantages are at present unknown.

Single medical chief.

50. Next follows the consideration of who are and who ought to be the depositaries of power. It is not necessary to search for any special preliminary canons on the last point. It is enough to say that the government of the internal economy of hospitals and asylums ought to be given to persons who have the necessary knowledge and are in a position to give the necessary attention, and can be readily made responsible to some other superior power. The actual systems are often extremely ill qualified to fulfil these requirements.

It is in some cases difficult to ascertain the exact nature of the existing constitutions, and from nine hospitals and asylums, including five in the West Indian division, no information is given on this subject. Of the rest, omitting those of Jamaica, twenty-nine, including sixteen in the West Indian group, are governed by boards of a kind which will presently be described, four by boards of a different kind and with narrower powers, and twenty-five, including nine Canadian institutions, appear to be managed by medical superintendents without local boards. What the actual comparative results of these various systems are will appear subsequently.

The powers which in each case these governing bodies or persons have to exercise may be divided into four classes, being respectively the powers of making rules, or legislation, of financial administration, of patronage, and of inspection and supervision. It is plain that these powers are inconsistent, ought to be to some extent independent, and for their due exercise require very different qualifications. Yet in twenty-nine institutions nearly the whole are united in single boards, only some small fragments being here and there given to other and independent persons. These boards vary considerably in their composition and appointment, but they are usually made up of six or eight *ex officio* members, such as the mayor and last ex-mayor, clergymen, and occasionally official physicians, together with perhaps an equal number of nominees of the Governor. Such boards, however well they may be appointed, cannot as a body have professional knowledge or practical experience, and must be generally unfit to make regulations about matters which demand both professional knowledge and practical experience, and even though they may be presumed to receive the suggestions of the medical officers, and though their rules must be submitted to the Governors, an originally defective scheme is not likely to be made complete by after-suggestions. Again, they are too far removed from the actual working of the arrangements to be able to exercise that continuous supervision which is necessary for guarding against abuses and testing results. They are liable either to disagreement or to an apathy which leaves everything in the hands of two or three who may be actuated by interested motives; they cannot judge of the efficiency of attendants whom they see in a manner only on parade, and they have no professional pride to gratify, nor the misery to endure of having daily before their eyes the evil consequences of a defective system. Lastly, if from these causes the institutions suffer, there is no one on whom to fix the blame of abuses or omissions, and if the guilt is at last brought home to them they cannot be made answerable. It is impracticable to make a board, especially if composed of unpaid members, effectually responsible for the minutiæ of their administration, and the difficulty is much aggravated where, as in the

* See Section 58, p. 22.

majority of these cases, members of the board are also members of the council.

There ought always to be one person, properly qualified and devoted to the work, invested with paramount powers within the institution, and directly responsible to definite authorities for the doing or not doing of each particular act: and there can be no doubt that this person should be the chief resident medical officer. It is the profession of such a chief to be efficient in this particular province; the success of his institution is to him a matter of professional pride and interest; if anything goes wrong, on him naturally lies the blame, and he can be easily called to account. There is no comparison between the two systems in certainty as to who is responsible and the ease with which he can be reached. Especially in the case of lunatic asylums it is certain that considering the multitude of particulars which require constant vigilance and practised judgment, the number of intangible abuses which may easily prevail in secret, and the influence which such small but pervading and perpetual causes exercise over the mind and condition of the patients, boards, however zealous and well-intentioned, are incompetent to deal with the practical difficulties of management.* It may be added that if a resident medical superintendent is intrusted with any powers at all, he ought to be intrusted with as much as possible; otherwise he is likely to become indifferent, and, what is of great importance, will think the detection of abuses is not his business, but that of the actual governing body. Yet he is the only person who is in a position to detect them with certainty.

Before proceeding to suggest a definite scheme for the redistribution of powers, the comparative merit of the two systems, as at present in use, must be tested by their results. The whole number of institutions which have sent information as to their government, omitting the four Victorian hospitals which are managed by boards of a peculiar kind, and the hospital and asylum of Jamaica, which are in a transition state, may be roughly divided into 30 which are very unsatisfactory and 22 which, though not without great defects, are on the whole much more satisfactory. Of the 30 which are bad, 20 are governed by boards and 10 by chiefs; of the 22 which are good, 9 are under boards and 14 under chiefs. In other words, the good ones under boards are to the bad as $2\frac{1}{4}$ to 5; under chiefs, as 7 to 5. The number of those which, though governed by paramount medical chiefs, are still bad would be greatly lessened, or it may be believed reduced to nothing, if proper provisions of other kinds were brought into operation. Such provisions would of course lessen also the number of those under boards, which are ill-managed, but this does not affect the general result.

There are four cases which require particular notice. The hospital and asylum of Tasmania are governed by boards and yet are very good,—apparently indeed the best in the colonies. There is also a single instance in the West Indian group (the Port of Spain hospital in Trinidad) where the result of government by a board has been good; but that result is here owing solely to the exertions of Dr. Mercer, the resident surgeon, and may fairly be said to be in spite of the system. On the other hand, at the Castries asylum in St. Lucia, though unlimited power is given to the medical officer, the result is eminently bad; but then in this case the medical officer is non-resident and unrestricted in practice, is only bound to visit once a week, and for the sole care of this asylum and of three hospitals receives 170*l.* per annum, out of which he has to find all medical and surgical appliances. This is such an exception as goes to prove the rule.

It is to be added that the hospital and asylum of Jamaica were at first (1855) under a board of commissioners. This system was found to work so ill that in 1859 an Amending Act transferred their powers and duties for the most part to an officer called an "Inspector and Director." But some legal and other blunders rendered the new Act practically inoperative, whilst the old one was displaced, and the deplorable state of things in 1861 seems to have been partly the result of the temporary anarchy.

Of all their various and inconsistent powers it would seem to be desirable that the boards should retain only the appointment of the medical officers and

* It is the opinion of the Commissioners in Lunacy that asylums should always be managed by paramount medical chiefs.

perhaps the control of the finance, together with a power of visitation besides or in conjunction with other inspectors, and a limited authority to hear complaints brought against the medical chief, and to report their conclusions to the inspector or the Governor. The first of these functions is one which requires only honesty, and could hardly be transferred with equal convenience to any other person or body; and for the second, the boards are not necessarily unfit, though the work might be more efficiently performed by the auditor-general of the colony in cases where there is no property to be administered. If they should retain this duty, it would perhaps be advisable that, in connection with it, they should have the appointment of the clerk or bursar, and that they should be incorporated and granted all necessary powers for holding and dealing with interests in realty. In case it should at any time appear necessary to remove a medical superintendent, the power of removal, subject to the sanction of the Governor, ought to follow that of appointment.

As for their legislative functions, these ought to cease to be necessary. If a proper code of regulations were drawn up once for all by competent professional authorities, nothing more would remain to be done except to give the medical chief the power to make alterations in the executive arrangements subject to the approval of the inspectors, and, as at present, of the Governor, or to give a similar power to the inspectors themselves.

The patronage of all inferior offices, such as those of head-nurse nurses, or keepers, ought undoubtedly to go to the medical chief. He ought to have the power both of appointment and of summary removal, since no one else can judge of the actual efficiency of the attendants, and great harm might be done to the patients by delay. Should the removal be unjust, a complaint would lie against the chief to the board, as suggested above.

A difficult question arises with reference to the appointment of chaplains in asylums. However great the spiritual or the disciplinary value of religious services may be to the insane, want of judgment in their use may sometimes give occasion to more than countervailing evils. Considering the delicacy of the question in each case, it would seem to be desirable that the appointment should be made by the governor of the colony.

There remains the power of visitation and inspection, which must form the subject of a separate section. As suggested above, it would be well that the boards should visit and report at certain and uncertain times, in conjunction with other visitors, but they are very unfit to be the sole depositaries of such a power.

With reference to the measures suggested in this section, it is to be observed that they do not necessarily involve any increase of expense. It may not always be easy to find a medical officer who will reside and relinquish private practice without a larger salary than in some cases is at present provided; but on other grounds it is absolutely necessary to find one on some terms, and under the proposed system he may not be less willing to come, inasmuch as he will have larger powers and freer scope for action.

A note of the institutions to which it is suggested that these provisions should be extended more or less completely as may be practicable in each case is appended.*

The four hospitals of Victoria are managed by committees of the subscribers. The nature of their government has been described in section 36. The evils which exist in them are of a kind which would disappear under the influence of a sanitary act, and of more effective inspection.

But in those institutions where the provisions above described might be adopted, they would at once cut off the source of those two great classes of defects which flow from divided opinions and want of specific knowledge in the governing body; they would make abuses of omission more rare in proportion, as what is one man's business is more likely to be done than what may be the business of either of several men: and though it may be true, on the other hand, that the plan of government by a single chief is compatible with the existence of greater positive wrongs than any which the mere inefficiency of boards places it in the power of subordinates to practise, yet such a plan, whilst giving greater power to commit them, would admit also of more complete and more manageable securities against their commission. Such securities are to be found in inspections and reports.

* Appendix, Note II.

51. Where these are wanting, there is no protection against the existence of abuses even under good forms of government. Much less under the present forms is it possible to be satisfied of the non-existence in many cases of graver faults than any which are confessed, merely from their not appearing in answers made by officials who are not under the check of regular and efficient inspection, and who, if they are responsible, have a strong reason for silence, or, if they are so little responsible as to be relieved from fear of blame, must be ill situated for the acquisition of any certain or intimate knowledge of the conduct of their subordinates. Inspectors.

It is suggested that in all cases there should be general inspectors not otherwise connected with the institutions, whose duty it should be to make regular and irregular inspections, especially of the sanitary arrangements, to receive the reports made by inferior officials and by unofficial visitors, and to report at stated times to the Governors, suggesting measures which may appear necessary.

The institutions already subjected to such inspection are, with one temporary exception, amongst the best of the whole number, and they owe their excellence to the exertions and suggestions of their inspectors. The faults which they still retain are those sanitary ones which it appears to be hopeless to attempt to cure without the operation of sanitary acts.

In the larger colonies, with many institutions, it would be necessary to appoint two or more inspectors, and to give them regular salaries. In the smaller ones, where the work would be light or occasional they might be unpaid, or receive only fees for their reports.

In addition to such general visitation, and to the present inspections by the boards and the Governors, it would be well that visits should also be made in all cases by judges and juries, and that their attention and that of casual visitors should be directed, by a regular form of questions, to those important points which are likely to escape their notice.*

General inspections must be further supplemented by a better system of reports. Reports may be of three kinds. The first sort are reports of the actual working of a system made by the officers who carry out the system to the inspectors or other governing body; and this kind cannot be too many or too minute, for they are the best, if not the only means of keeping the officers in a state of thorough attention. An attendant will slur over many things if he is to have himself for his sole judge, which he will do exactly and conscientiously if he has to write down an account of his measures, and of his reasons for them, for the judgment of superior authorities; and the mere fact of having to state reasons will necessitate his having some reason in cases where he would otherwise act by impulse or routine. This is of especial importance in the case of those who have the care of lunatics. It ought to be the first principle in the treatment of the insane, to deal with them as nearly as may be as if they were sane, and to infringe firmly when necessary, but otherwise as little as possible, both as a matter of right and for the purpose of cure, on their habits and natural independence. It is not more the business of a keeper to do all that is necessary to supplement what is wanting in the judgment and self-preservative instincts of the patient, than it is his business to do no more than this, and not to drive or confine him unnecessarily: and yet in practice those who have had experience of lunatic asylums say that nothing is more common than causeless tightening or relaxing of discipline in particular cases, without consideration of whether there is any reason for so interfering or neglecting to interfere with the patient's inclination. If the keepers were required to report both the particular departures from rule, and also the reasons for them, they would be less likely to act without reasons. Reports.

In this view it is greatly to be desired that it should be made a part of the duty of all head keepers or matrons in asylums and hospitals to report any case of exceptional treatment, and the reasons for it, and a part of the duty of the inspectors to examine such reports, and judge of the validity of the causes assigned. A list of questions to be filled up weekly by the chief keeper of each ward of an asylum with reference to this object has been framed by a Commissioner in Lunacy, and is appended in Note 5. A similar form for head nurses in hospitals ought to be obtained from medical authorities.

* Appendix, Note IX.

This first kind of reports would be for the information and satisfaction of the inspectors.

The second sort are already to some extent in use, but require to be modified if they are to produce much benefit. They are, general reports made at stated periods (1) by the medical chiefs, and (2) by the inspectors where they exist, of the condition and further requirements of the institutions. These reports should be as short as possible, and directed particularly to certain prescribed points, and might be made semi-annually. If they were sent to this country and published in one general volume, together with Reports of the kind next to be mentioned, and the whole re-distributed throughout all the colonies, they would become a valuable means of comparison and of disseminating useful suggestions and true principles of management.

The third sort are reports of a statistical kind for scientific purposes. It is no doubt very important that such reports should be periodically made up on an uniform plan, but they are involved in so many difficulties that it does not appear to be desirable to attempt to introduce them generally, except in the most simple form. It must be remembered that a mere number of tables of admissions, discharges, ages, duration of disease, per-centages, antecedents, &c., resulting in isolated numerical sums, are of no scientific value and cannot lead to any result. What is wanted is not merely numerical statistics of many sets of facts, but the relations between such different sets of facts. But these relations cannot be exhaustively shown without an almost infinite series of comparative tables. It therefore becomes necessary to select those particular series of facts between which it is especially desired to discover a relation, and to frame a table for each such relation. But even with the most frugal selection of relations to be illustrated, and with the clearest directions for filling up the forms, the work has some tendency to become too cumbrous for any but practised statisticians to manage. It must also be considered that most of the colonies are too small to give any security that in them exceptions may not override the ordinary facts and give a false colour to the whole, and that even if full statistics were obtained from all the colonies, the area from which they would be drawn would still be but a small portion of the globe, so that the importance of the returns would not by any means equal their number.*

An extended form of statistical returns for lunatic asylums has been prepared which is intended to illustrate those relations which seemed to be most important. This form has been modified by the Commissioners in Lunacy, who suggest that it should be tried as an experiment in one of the larger colonies. Canada would seem to be the best field for trial, both because of its nearness and because of the number of its asylums, and of the perfection of its system of inspection. There is also appended a short and manageable form for all other asylums, and another for hospitals. If more full statistics are desired from hospitals, it will be desirable to procure forms from the College of Physicians, or to obtain a sufficient sanction for those which are given in Miss Nightingale's "Notes on Hospitals" (1863), and which are not untried, and appear to be approved by high authorities.

There would be this advantage in enforcing somewhat elaborate returns—that whether accurately filled up or not, they would lead to greater care and diligence in the use of the ordinary case-books and records.

Summary.

52. To sum up the measures proposed in the three last sections, it is suggested—

I. That for those colonies, for the condition of which the Crown is responsible, a draft ordinance should be framed to regulate all conditions of sites and construction in future hospitals and asylums, and to enforce such alterations in existing ones as may be necessary for the provision of proper sewerage, drainage, space, area, ventilation, water supply, light, and other sanitary requisites; and also, if this should appear practicable, to fix a minimum number of attendants in each kind of institution, with other permanent economical regulations; and that the great expediency of framing and passing similar measures should be suggested to the legislatures of the colonies which have responsible governments.

II. That where boards exist, if the local authorities should see fit, they

* It would be necessary in general to limit the demand for returns to such as could be furnished by officers of ordinary intelligence without any unreasonable amount of trouble.

should be remitted to the functions of appointing the medical chief, controlling the finance, hearing complaints and reporting them to the inspectors or the Governor, and visitation; whilst, on the other hand, they should be deprived of all executive power, which should go to a resident medical chief; that their legislative power should cease, a limited authority to alter the regulations being transferred to the medical chief and the inspectors; and that the medical chief should exercise the patronage and control of all offices except that of the clerk or bursar, which should remain with the boards, and that of the chaplain in the case of asylums, which should be given to the governor.

III. That inspectors should be appointed to visit and report, with especial reference to sanitary condition, and should have the power of suspending all officers, except the medical chief;

That reports in the form given in Note 5 for asylums, and similar ones for hospitals, should be required to be filled up by all head keepers and matrons, and sent regularly to the inspectors;

That statistical returns should be demanded from the medical chiefs of hospitals and asylums, in the forms set forth in Notes 6 and 7 respectively;

That the more extended additional statistical form of Note 8 should be tried in the Canadian asylums, if the authorities should see fit.

That the form of questions given in Note 9 should be required to be filled up by all official visitors, and sent to the inspectors; and

That the medical chief and the inspectors should make independent reports of the condition and requirements of the several institutions, and that these together with the statistical returns should be published, and redistributed throughout the colonies.

Should these changes be made, it would be necessary to define and distinguish accurately the powers and duties of the medical chiefs, the inspectors, and the boards.

53. These three principal recommendations for Acts to regulate sanitary arrangements, for the transfer of powers from boards to single chiefs, and for more complete inspection and reports, apply equally to hospitals and asylums. Of the following minor suggestions, the first six contained in Section 54, also are applicable to both; the seven in Section 55, regard hospitals only, and the remainder in Section 56, have reference only to lunatic asylums. One alone of the whole number (that in Section 56, v) involves any considerable expense.

54. Minor suggestions, with reference to both hospitals and asylums:— Minor Suggestions.

i. (*a.*) Open sewerage, sewerage into adjoining cesspools without outlet, and untrapped and unflushed sewerage, ought not to be permitted.

(*b.*) As a condition of easy and effectual ventilation, as well as for economical reasons, associated wards should in general contain not less than sixteen nor more than about thirty-two beds.

(*c.*) It is equally necessary for ventilation that there should be allowed for each patient, 1,000 cubic feet of space, in associated wards, and 1,500 in single rooms in temperate climates, and a quarter more where the climate is tropical, and this in addition to thorough ventilation and frequent cleansing of walls, ceilings, and floors.

(*d.*) In associated wards the total superficial space allowed to each patient, including the area of the bed, should not be less than 7 feet by 11, in general hospitals, and about $5\frac{1}{2}$ by 9 in asylums. The height of the ward should not fall short of 13 feet, nor the width of 22 feet.

(*e.*) The air introduced by ventilation must not have been previously heated. Such heating destroys its purity and gives it unwholesome properties. The only proper means of ventilation are open grates and ventilating flues.

(*f.*) In very cold climates, as in Canada, sufficient warmth cannot be obtained by hot water pipes. Stoves or grates are the only efficient means.

(*g.*) It is of great consequence that the wards should be well lighted. It is laid down by high authority that in hospitals the windows should be one third of the wall space.*

(*h.*) Not less than 25 gallons of water per patient per diem, exclusive of

* Notes on Hospitals, p. 19.

rainwater, should be provided. It should be carefully analysed, to determine the proper material for pipes and tanks. The tanks should be covered in.

Medical Chief.

ii. The resident medical chief should have qualified both as a surgeon and as an apothecary. He should pay especial attention to sanitary matters and to the conduct of the servants, and should have the charge of all records, and frequently inspect the wards, cells, and every other place, and the provisions in store.

In cases where the powers of boards may be transferred to him, he should have the same powers of suing for all dues and debts to the institution which at present belong to the boards.

Clerk.

iii. The clerk or storekeeper should examine all contract supplies before acceptance and all the stores daily. He should give the security of a bond for the performance of his duties. He may be non-resident.

Sub-Chiefs.

iv. The institutions should be in all cases divided into sections, each under the superintendence of a head matron or keeper, whose especial duty it would be to enforce cleanliness, and overlook the inferior attendants, and to make daily reports to the medical chief and to the inspectors. Such head attendants ought to be well enough paid to make it an object to them to keep their places by zeal and honesty.

Attendants.

v. On the character of the attendants depends in a great degree, especially in asylums, the comfort, tranquillity, and chances of recovery of the diseased. Their wages ought to be liberal, and they should receive periodical increase for good service. They ought to be, if possible, sufficiently well educated to be able to read to the patients.

Diet.

vi. Patients ought not to be limited in the quantity of their food by way of punishment, unless with the express authority of the medical chief. Also the food should be from time to time varied in kind, and should be, so far as may be practicable, assimilated to that naturally used by the patients.

55. Suggestions with reference to hospitals only :—

i. In many of the hospitals the existing small wards should be consolidated wherever it is practicable, by removing the partitions.

ii. Provision should be made for limiting the period of office, if not in the case of the medical chief, at least in that of the other physicians and surgeons. Such a system was tried by Sir H. Barkly in Demerara, and afterwards by him introduced into Jamaica. It is said, by increasing the chances of appointments, to induce the immigration of students.

iii. There will almost always be private practitioners who would be willing to visit as honorary medical officers. The external element thus introduced would be of great value.

iv. In every hospital having twenty beds or more there should be at least one resident medical officer who shall not be engaged in private practice.

v. With proper provisions for sufficient space, area and ventilation, contagious and infectious diseases, with the exception of small-pox, may be received in limited numbers in general wards appropriated to adult patients.

vi. In wards containing less than thirty patients, the proportion of nurses should not be less than one to seven. For any number of patients not exceeding forty contained in a single ward one night nurse is sufficient. For forty distributed in two or more wards at least two night nurses are required.

vii. Where there are many native or Indian patients there should be a native or Indian employed to advise as to prejudices and requirements. It is found in Mauritius and elsewhere that natives are very unwilling to enter the hospitals.

56. Suggestions as to asylums only :—

i. The provisions regulating the admission of lunatics into asylums are not in the majority of the smaller colonies sufficiently definite, or calculated to exclude the possibility of abuse. The forms which are prescribed in Nova Scotia* seem to be well adapted for such small colonies as have not regularly organized Lunacy Commissions. The certificates should be made upon oath.

ii. Classification of lunatics is generally precluded by the nature of the buildings, but its want is in some of the returns made a matter of regret. It is, therefore, necessary to observe that all recent experience has proved much classification to be generally injurious. Many lunatics of one type

* Appendix, Note IV.

confined to their own society only become confirmed by one another's example.

iii. This rule does not extend to the case of idiots. They are imitative, and are only made worse by contact with the positively insane. There is no doubt that they ought to be excluded from the general asylums, which they in several instances encumber, and which ought to be retained for those who are curable or dangerous.

iv. Where restraint is necessary the arms alone should be confined, and it is less injurious to the patient to be allowed to run or leap and work off his excitement with his legs free in a padded room, than to be forcibly held down by the strength of attendants.

v. The most important means for the proper employment and amusement for the insane is a sufficiency of land for exercise and for cultivation. The Chief of the Toronto asylum, which is the best in Canada, says that "no curative means had recourse to in the treatment of insanity can be compared to that of moderate field or garden labour." The Canadian Inspectors-General of Asylums, Prisons, &c., perpetually urge the necessity for additional land. "The cultivation of the soil," they say, "is not only the most pleasing occupation for the insane, and that in which they are apt to take most interest, but it is also the one most conducive to their bodily and mental health, and bears most directly upon the diminution of expense to the Government in their support." And again, "It is held by all writers on insanity that employment in the fields has not only a most beneficial tendency as a curative process in the treatment of the patients, but that it is, at the same time, a kind of employment in which patients can be induced to engage when they will refuse to do anything else. It is also a work in which many of them, though unwilling at first, come to take an interest, keeping alive the faculties of the mind, while it ministers to a healthy exercise of the body." In the United States, it is asserted in the report of the Toronto asylum, no new public asylum is allowed to be established without at least 150 acres adjoining: and the Commissioners in Lunacy of this country have laid it down that the land belonging to an asylum should, when practicable, be in proportion of not less than one acre to four patients.

Canada, O. 13.

Canada, O. 87.

It may, however, be doubted whether in tropical climates, out-door labour can be so extensively or beneficially employed. It would be desirable to invite suggestions from experienced persons as to this point, and as to the best substitutes which may be practicable.

Other means which may be suggested as of proved or obvious value are gymnasia, regular military drill, regular festivals to vary the monotony of life and provide subjects for expectation, music, books, newspapers, and games, which it would be superfluous to mention if the inventiveness of the officials did not at present, in many asylums, limit itself to walks in airing-courts and menial services.*

It is to be added that, since the insane in many cases are, and generally might be, employed in profitable work, there ought to be stringent regulations to prevent any being retained in confinement for the value of his services, an abuse of which there have been instances both in this country and in the colonies. With this object the attendants should be forbidden to derive any profit from the labour of the patients, whose work should be estimated, and the surplus value, if any, after payment of the cost of their treatment, be refunded to them on their discharge.

vi. Rewards in money, or otherwise, for good behaviour have been found to be beneficial.

vii. The friends of patients should be allowed to visit them on any days if they live at a distance, or one or two set days in each week if near, subject only to refusal by the medical in chief, the precise reasons for which refusal should be in each case notified to the inspectors.

viii. The proportion of attendants should be not less than one to fifteen patients.

ix. Separate establishments should if possible be provided for incurable patients. They are an incumbrance in curative institutions, and can be more

* It is not meant that there is anything necessarily objectionable in employing to a limited extent, on some kinds of menial service, patients who have been used to it at home. But in no case should such employments be the only or the chief resource.

cheaply maintained separately. (*See* Report of the Select Committee of the House of Lords on the State of the Lunatic Poor in Ireland, 1843, p. xx., and ss. 3805-3810.)

57. These suggestions are based chiefly on the reports and recommendations of the Commissioners in Lunacy, on the facts carefully collected and illustrated by experience in Miss Nightingale's "Notes on Hospitals," and on the statements of the defects actually existing in the colonial hospitals and asylums. The rules with reference to the residence of a medical officer in hospitals, to his restriction from private practice, to the size of wards, the space and area proper to be allowed to each patient, and the admission of cases of contagious and infectious diseases in general wards, have been submitted to the Royal College of Physicians, and have received the sanction of its approval and concurrence.

58. In conclusion it is to be observed, that it is vain to expect complete or permanent reformation until the existing systems shall have been changed by the transfer of powers to efficient and responsible persons, and by provisions for more complete and more authoritative inspections supplemented by more practical reports, or until some means shall have been found for enforcing regard to the primary and indispensable conditions of sanitary security. The measures which have been proposed for the attainment of these chief ends involve great changes and difficulties, but any reform which should be effectual would save as great difficulties in the future as any which would have to be encountered in the present. The state of these institutions, if they are allowed to remain unaltered or half reformed in essential points, will long be a perpetual source of increasing complications, to be patched up by expensive makeshifts; whilst if these primary conditions are secured they will quickly and inevitably draw with them all minor reforms.

Though such reformation cannot be thoroughly effected in most cases without heavy initial expense, it would be an expense not wholly barren of returns. The outlay would produce good interest in the forms of speedier and therefore cheaper cures, of increased capabilities which would delay the often pressing need for extension, and in the quicker restoration of the sick to profitable labour. In this country it is calculated that every death of an agricultural labourer at the age of twenty-five involves a loss of more than 200*l.* to the wealth of the nation, and though the value of a labourer in the colonies may in some cases be less than his value here, in most it would be much more.

Another illustration of the economical difference between good and bad systems may be taken from Miss Nightingale's "Notes on Hospitals." It is there calculated that in Europe the annual cost of properly nursing 1,000 patients in wards of nine beds would be 12,832*l.* 5*s.*, and in wards of thirty beds, 6,600*l.*, or not much more than half. However this may be (and it is the calculation of one than whom no one has had greater experience), it is certain that the difference would be great enough to make reform desirable even from the point of view of interest. To this is to be added the consideration of justice to those whom it is pretended to cure. There is no excuse for any preventible excess in the rates of mortality or duration of treatment, and if institutions of mercy do not conform, so far as is reasonably practicable, to those conditions under which alone their patients have a fair chance of recovery, it must be a question in some cases whether they ought to exist at all.

Part IV.

Despatches, 5,288, May 2, 1863; 11,542, Nov. 5, 1863; 12,052, Nov. 24, 1863.

59. *Jamaica.*—The labours of the Commissioners appointed in 1861 to report upon the Kingston hospital and lunatic asylum, and to suggest such measures as might to them seem necessary for the improvement of those institutions, have left little to be done but to ascertain how far their recommendations have been executed. Great improvements, some of them dating from a period before the Commission, have undoubtedly been made, and in many important points the suggestions of the Commissioners have been, or are in course of

being, carried into effect. At the hospital, two out of the three buildings for male patients are now in a generally satisfactory condition; a much-needed system of drainage and sewerage, though delayed by the failure of the engineer, is at last in progress; and out-patients receive relief at the house, or if necessary at their homes. The new asylum also promises in a short time to be complete and efficient, and the two Institutions are at length provided each with a separate medical staff, and both are subjected to a more complete system of visits and inspection, by the Governor, by an honorary board of inspectors, and by an officer whose especial business it is to scrutinize their sanitary and financial arrangements. But though many defects have been remedied much has yet to be done. At the hospital one male building remains unimproved and deficient in space and accommodation. The female building is still as unfit an adjunct to an institution of mercy as when it was characterized by the Commissioners as almost reversing every condition which ought to be observed under such circumstances. It remains disgracefully wanting in every sanitary and structural requirement. (Sec. 6, supra.)

In addition to these deficiencies, both sides of the hospital are insufficiently supplied with hot baths. Two only of the nurses are resident; merely infirm paupers still crowd the wards—"blind and paralytic, and utterly destitute persons, who sometimes remain for a long series of years." One blind woman has been a resident for more than nineteen years.

The only declared faults in the new asylum are the want of proper employment and amusement for the insane, and of lavatories. Large grounds are being prepared, but in 1863 the only provision for the one, besides menial services, was a barrel organ; for the other, a basin in each ward. The only information given as to space is a statement that the gross internal measurement of the entire building gives 2,000 feet to each patient. Deducting walls, day rooms, servants' rooms, surgeries, store-rooms, passages, stairs, &c., it is to be feared that the single cells must be much too small.

Considering the attention which the Commissioners and the Governor have given to this subject, and their opportunities for acquiring information on the spot, it is improbable that any more efficient scheme of reform which should be practicable can be invented at this distance, and with very imperfect materials for forming a judgment. It is therefore suggested that the attention of the Legislature and of the board should be again directed to the necessity of remedying, as speedily as may be, the above-mentioned defects in the execution of the Commissioners' recommendations, and, in addition, that their attention should be called to the measures described in paragraphs 50, 54, 55, and 56.

A new set of rules for the administration of the hospital have recently been drawn up, amended by the board of visitors, the Executive Committee, and the Lieutenant-Governor, and finally approved by the Executive Committee. The rules had been the subject of adverse comment by Dr. Bowerbank, the original instigator of inquiry into the state of the hospital and asylum, and some of the amendments were made at his suggestion. He is still dissatisfied, but now that the attention of the Legislature and the Lieutenant-Governor has been strongly drawn to the subject, it does not appear probable that there can be any ground for further action in the matter of rules and regulations. Nor, supposing Dr. Bowerbank's views to be correct, do the points in which they have not been carried out appear to be of great importance.

One only of his charges calls for remark. In his original dissent from the rules he said, "I am cognizant of the fact that the majority of the officers, nurses, and servants at present attached to this Institution, strange to say, were those employed under the old régime and who thus, as they did or could see nothing wrong in the management, are likely now to adhere to their old ways and practices if altered [allowed?]." The Governor having called on Mr. Trench, the Inspector and Director, for information on this point, it appeared that fourteen of the attendants in the hospital and asylum had been so employed, and further that five of them were proved by the evidence taken by the Committee to have been implicated in the former abuses. These five Mr. Trench was directed by the Governor to discharge without delay. It also appears that one of the present medical officers had been attached to the hospital for the two years ending in March 1846, but no reflection is cast upon his character.

It is to be added that the more recent despatches disclose nothing which lessens the necessity for calling attention to the matters referred to above.

Despatch, April 22, 1863.

60. *British Honduras.*—Lieutenant-Governor Seymour has not furnished any information in the form required by the circular of 1st of January 1863. respecting the lunatic asylum and public hospital at Belize, but reports that the two Institutions are supported with liberality, and that their inmates are kindly and attentively treated; in proof of which, as regards the asylum, he adduces the fact that a lunatic has recently been released with his mind entirely readjusted. On the other hand he states that both the buildings are unsatisfactory, and that the necessity for a new asylum has been represented by him to the House of Assembly, which recognized the desirability of such a measure, but considered that the state of the public finances consequent on the fire of the 10th of March, 1863, would not justify them in immediately proceeding to give effect thereto. Governor Seymour further states that Dr. Young, the late public Medical Officer, before his death, destroyed the records of all the public boards with which he was connected. That he should have had it in his power so to destroy all records, points to the inefficiency of the system of management and supervision.

Despatch, May 12, 1863.

61. *Turks Islands.*—There is no lunatic asylum in Turks Islands.

The state of the hospital seems to be generally good, but there is no sufficient information as to details. It appears that there is no artificial sewerage, and the wards are too much sub-divided. The average space allowed to each patient is apparently under 700 cubic feet, an amount which is too small, but is said to be supplemented by good ventilation.

The attention of the President and Council should be particularly directed to the sewerage, and to the expediency of throwing down the partitions between the three sick male wards, and also those between the three sick female wards, an alteration which would give some additional cubic feet of air to each patient, and would greatly assist ventilation. It seems also desirable to provide some system of out-door medical relief.

Despatch, May 30, 1863.

62. *British Guiana.*—There are in British Guiana three hospitals and asylums—a hospital and an asylum at Georgetown, Demerara, and a hospital at New Amsterdam, Berbice.

The Georgetown hospital is extremely defective in its sanitary arrangements. The water supply is insufficient, and of bad quality in dry seasons; the sewerage consists of open brick gutters, and the latrines are allowed to be offensive for want of a pump or a water-lift. No more than an average of about 700 cubic feet of air are allowed to each patient, without any other means of ventilation than small windows, and at the date of the despatch there were no baths. The internal management is obstructed by indiscriminate admission, and the retention of numerous chronic and incurable cases. The total proportion of nurses is only as 1 to 16, and there are no more than 2 night nurses for 3,144 annual admissions. The supervision is merely nominal. Visitors are appointed for each month by the Directors, but they visit rarely, and the Governor had visited but once since his appointment in 1861.

The asylum at Georgetown is very much worse even than the hospital, but the frame of a new building has been completed, and a vote has been passed for the necessary funds. No condemnation could be too strong for the present structure; a collection of confined cells wholly unsuited for a tropical climate, almost without means of ventilation, with sewerage and latrines confessedly "faulty in the extreme," without sufficient lavatories and without baths. No records of restraint are mentioned. There are absolutely no provisions for employment or amusement, and for exercise nothing but some small covered yards. There are no religious services. Some land which might be planted or cultivated is suffered to lie unused. Nor is this state of things to be wondered at where there are no inspections by superior authorities, and no information is required by or furnished to the Governor.

A new building will avail little if it is to inherit the bad management and the want of supervision of the old.

These two institutions are consolidated and governed by one board of administrative directors, who make the rules. The Colonial Surgeon-General is the chief of both, and has the patronage of the inferior offices.

At New Amsterdam, Berbice, there is a hospital, which is also a poor-house, and contains four cells in which maniacs are temporarily confined.

This also is to be given up when a new hospital shall have been built on land and with funds already appropriated.

The site of the present structure is bad, and the buildings in utter dilapidation, happily beyond the possibility of repair. Each patient has about 800 cubic feet of space, not supplemented by ventilation. The sewerage and drainage are "very bad indeed." The latrines are mere soil-boxes. There is not sufficient accommodation for nurses, and there is only one doctor, who is non-resident and not restricted, and aided only by a resident dispenser, for an average of 116 cases under treatment. The management is vested in a board of seven members, three *ex officio*, and four nominated by the Governor and the Court of Policy.

63. *Barbados.*—The drainage of the Barbados hospital is on the surface, and the sewage is collected in cesspools. Nothing is said of hot baths. Out-patients are treated only on one day in the week. There is no information as to whether the rules for visitation are observed, and there do not appear to be any reports of actual condition and requirements. Despatch, May 16, 1863.

The asylum is without sewerage or any but surface drainage, and its latrines are mere pits annually cleared, and which it is vainly attempted to deodorise by lime, soil, and dry leaves. There are no lavatories, and the only accommodation for bathing is in a single closet 6 feet by $7\frac{1}{2}$. The most roomy wards give 958 cubic feet per head, but there are eight berths with only 450, and six with 453. There are no day rooms. The wards are much overcrowded, the ventilation very imperfect, and the west rooms (the smallest) have no windows. Employment is found for only ten out of fifty-eight inmates. Restraint by manacles and by seclusion appears to be very frequent. There are no religious services, and no regular visits of inspection.

64. *Trinidad.*—The state of the hospital of Port of Spain, Trinidad, is an honourable exception to the general condition of West Indian hospitals. Dr. Mercer was appointed resident surgeon in 1857, and since that date great reforms have been made in every part of the institution. The last deficiencies, imperfect sewerage and the want of hot baths, will have by this time been supplied through his representations. It only remains to provide for the continuance of the present good management by the introduction of a more complete system of inspection and reports. Despatch, June 29, 1863.

The hospital of San Fernando is governed in the same way as that of Port of Spain, but is less satisfactory. There is at present no proper water supply, but better arrangements are in progress. There is apparently no artificial sewerage or drainage, and the latrines are mere boxes emptied daily by the convicts. It is inevitable that they should be offensive and unhealthy There are no lunatic asylums in Trinidad.

67. *St. Vincent.*—There is no asylum. Despatch, June 11, 1863.

The hospital is very small, containing only 20 beds. The size of the wards allows only 600 cubic feet per head, but the ventilation is said to be perfect. The sewerage is open, and the latrines are merely deep pits, deodorised by lime.

Besides general improvements it is in particular desirable—(1) That a hot bath should be provided; (2) that the sewer should be covered in and the latrines flushed with water and made to discharge into the sewers; and (3) that the salary of the doctor should be increased. He receives only 50*l.* per annum for attendance on the hospital, the almshouse, and the out-patients. In other respects this seems to be a satisfactory establishment, though very small for the population.

68. *Grenada.*—In the hospital of Fort George there is accommodation for 42 patients, but the numbe treated does not exceed 27. The sewerage and drainage are said to be naturally good, but it is impossible that they can be sufficient without artificial arrangements. The system of visits and of reports is insufficient. Despatch, May 12, 1863.

The lunatic asylum is governed by the board of Guardians of the poor. It is a very small institution, and not satisfactory. There is no provision for sewerage or drainage, or, apparently, for latrines, for hot baths, or for employment, unless in menial services. The doctor is non-resident, and visits only once in forty-eight hours; the immediate care of the lunatics being vested in a keeper and a matron at 75*l.* 12*s.* per annum seemingly divided between the two. There are no regular reports, and visitation is rare.

Despatch, Feb. 28, 1863.

69. *Tobago.*—Tobago has no public hospital or lunatic asylum. There is an asylum at Fort King George for from 12 to 15 aged and infirm paupers, which is under the direct control of the Government.

Despatch, April 22, 1863.

70. *St. Lucia.*—In St. Lucia there are five hospitals:—three at Castries, one at Soufrière, and one at Vieuxfort. There is also one lunatic asylum at Castries.

Asylum, Castries.—It would be difficult to find any institution more defective in almost every requisite than this. It appears to be completely under the control of the Government, and is supported from the general revenue, but the Government delegates all its powers without supervision to a non-resident and unrestricted physician, who for a salary of 170*l.* per annum visits this asylum weekly, and also attends at the Poor and Yaws asylums and the Immigrant hospital, and has out of that sum to provide all medicines and surgical appliances for the three institutions. There are in general only seven inmates, but their paucity cannot justify the absolute want of sewerage, drainage, latrines, baths, and lavatories of any kind. Three acres of land are annexed, but only one-twelfth of this is under cultivation, and "there are no enclosures, airing-courts, nor other places available for out-door occupation." Strait-waistcoats, manacles, and (what has no parallel in any other colony) even chains, are used for restraint, of which no records are kept. The two chief attendants receive the very insufficient wages of 12*l.* and 7*l.* 4*s.* per annum respectively, besides rations. There are no religious services. There is an annual report and a meagre record by the visiting physician, and occasional visits are paid by an inspector and by the officer administering the government. It is not strange that whilst the annual admissions are stated to average two on the last five years, there have been eight deaths as against six discharges.

There are in Castries three institutions of the nature of hospitals, namely, an Infirm Poor asylum, a Yaws asylum, and an Immigrant hospital.

The Poor asylum is entirely unprovided with sewerage or drainage, and for latrines are substituted certain jars in a shed. There are no baths, nor any lavatories except tubs. The visits are occasional; the reports annual and numerical only.

The Yaws asylum is similarly destitute of sewerage, drainage, latrines, baths, and lavatories, and of proper reports.

The Immigrant hospital is on a par with the other two in sewerage, drainage, latrines, baths, and lavatories, and, in addition, very ill-ventilated.

No sufficient information is given of the amount of space allotted to each patient in these three institutions, or of the system of internal government. There is one doctor for all three, together with the asylum, who is non-resident, is not restricted from private practice, and has to provide all medicines out of his salary of 170*l.* per annum.

The hospitals of Soufrière and Vieuxfort are devoted chiefly to immigrants.

The first of these has no artificial sewerage or drainage. There are no latrines, but jars. Tepid baths are provided, but in an out-house. The space allowed to each patient is insufficient, being at the rate apparently of about 600 cubic feet per head. There are two doctors, non-resident, who besides the care of 218 annual admissions, have the charge of about 700 labourers on estates, some of which are distant sixteen miles from Soufrière.

The Vieuxfort hospital stands below high-water level. The water is bad; there is neither sewerage nor drainage; and the latrines are pits in the dead-house. There are no baths, and the space per head is only 281 cubic feet.

There is no information as to the government of these two hospitals, but the visits and reports do not appear to be necessarily insufficient.

It would appear to be desirable that the hospital at Vieuxfort should be abandoned and its funds applied to the improvement and, if necessary, to the enlargement of the others. The smallness of the Island suggests such a measure, and the natural disadvantages of site and the smallness of the wards point out this as the building to be sacrificed.

Despatches, Oct. 29, and Nov. 4, 1863.

71. *Antigua.*—In an earlier despatch it was reported that both the hospital and asylum were in a completely satisfactory condition, but no answers were made to the interrogatories, except a statement, from which it appeared that

there were in the hospital on October 21st (?) forty-seven patients, and that the asylum on the 19th contained forty-nine inmates, with a mortality of five between June 18th and October 19th.

The actual answers to the interrogatories were not forwarded till November 4th, and are in many points not consistent with the former despatch. It appears that the only provision for medical attendance is the daily visitation of one non-resident and the occasional visitation of one consulting physician, and there are but two resident nurses. The sewerage and the drainage are very "imperfect," though from the nature of the site they could easily be made efficient. There is but one lavatory for both sexes. With reference to latrines, as well as to many other important points, there is no information. The wards are excessively sub-divided, and so far as any meaning can be gathered from the answers, may be conjectured to afford no more than from 500 cubic feet of space in the best to 330 in the worst berths to each patient, even this amount apparently including the whole thickness of the walls and partitions.

This hospital appears to be governed by a board of directors composed of the Bishop and members of the councils. They are said to visit weekly, the Governor occasionally. No mention is made of the powers or responsibility of the board or officers.

The lunatic asylum now affords room for about forty-eight patients. Twenty-two of these are allowed less than 640 cubic feet per head. Strait waistcoats, straps, manacles, and confinement are the means of restraint, and are used at the discretion of the superintendent, who reports to the doctor. The doctor is non-resident, and visits regularly only twice a-week. The patients appear to be employed chiefly in menial services.

The Governor will have, by this time, drawn the attention of the Legislature to the drainage of the Holberton hospital. The other particular reforms which seem to be most necessary are, (i) with reference to the hospital,—the formation of proper lavatories, the removal of the partitions which hinder ventilation and multiply labour in the wards, the increase of the staff of nurses, and the appointment of a resident medical officer with full power and responsibility: (ii) with reference to the asylum, the disuse or enlargement of the smaller wards.

72. *Nevis.*—Nevis has at present neither hospital nor lunatic asylum. There is a small institution for aged and infirm paupers, supported by 150*l.* per annum from the general revenue; and certain port dues will be allowed to accumulate for the purpose of erecting an infirmary for seamen, but no general hospital seems to be proposed. Two persons acquitted of capital charges on the ground of insanity are confined in the gaol in all respects as the ordinary prisoners, with whom they suffer the ill effects of the failure of the Prison inspectors to perform their duties with regard to visitation and reports. It is to be desired that these lunatics should be transferred, upon terms of fair payment, to an asylum in some one of the adjacent islands, where they would have a chance of curative treatment. Despatch, June 19, 1863.

73. *Dominica.*—A Poor asylum at Morne Bruce with about eighty-nine patients, a lunatic asylum at the same place with from three to six, and an infirmary at Roseau with about twenty-one, are under the control of one board of Guardians nominated by the Governor, which frames rules and regulations. All three are supported wholly from the general revenue. Despatch, July 28, 1863.

The poor asylum is managed by a master at a salary of 80*l.* per annum, and a matron, his wife, at 30*l.* There is no resident doctor. The visits and reports are very insufficient. There is apparently no provision for sewerage, drainage, latrines, or baths. Rain water from the roof is preserved for drinking.

The lunatic asylum is an old military prison, wholly unfit for its present purpose. It is managed by the medical officer of the Poor asylum, but directly by the master of the Poor asylum, and by a resident keeper at 45*l.* per annum without allowances. Sewerage and drainage do not exist, and there are no baths, nor apparently any artificial latrines. The six cells, of which only three are at present occupied, contain only 300 cubic feet a piece. There are no airing courts or other provisions for employment or amusement. Female lunatics do not seem to be admitted, though, to judge by other islands, they must preponderate in number. The only register is kept by the Master of the poor-

house. There is a strange provision in the regulations, that the few persons (Justices and Clergymen) who have access to the asylum shall not communicate with any inmate without express leave of the medical officer.

As to the Roseau infirmary there is really no information of value, but the little which is given shows a very bad state of things, with no supervision. Nothing is said of the sewerage or drainage, or of the nature of the latrine which is said to exist. The lower wards give only 800 cubic feet per head, apparently without ventilation. There is no resident doctor, no visitation, no reports. A visiting committee was appointed two or three years ago, but has never visited.

Despatch, May 21, 1863.

74. *Mauritius.*—The sites and buildings of the hospital and asylum in Mauritius are small and ill-situated, and there seems to be but one opinion as to the necessity for erecting new structures in more convenient localities. The desirability of such a measure was pressed by the late Sir William Stevenson upon the Council, and recognized by both the Medical Charity Commission of 1859, and by a Committee appointed in 1860 to consider the Governor's minute; and though its execution has been delayed by the precedence given to railways, Major-General Johnstone (Acting Governor) is of opinion that there is now both necessity and opportunity for immediate action. Money is more than usually plentiful, and the activity of trade renders the present sites and buildings so valuable for commercial purposes, that they would now bring as much as 45,000*l.* towards the 80,000*l.* which would be required for the new establishments.

In the internal management of the hospital, no defects appear except that there is no resident or restricted medical officer, nor any regular system of visitation by superior and independent authorities. The asylum also seems to be internally deficient in nothing but means for occupation and amusement—a want which is in part the result of the smallness of the present site, and ought in another situation to be remedied by means of a sufficient endowment of land.

The Acting Governor adds a strong appeal for the establishment of new district hospitals for Indian immigrants, who have increased in numbers from 79,736 in December 1851, to 243,770 in June 1863. Sites have already been selected, and plans and estimates prepared at the instance of Sir W. Stevenson.

Despatch, Sept. 25, 1863.

75. *Canada.*—There are in Canada 7 lunatic asylums more or less under the control of Government, 5 in the Upper and 2 in the Lower Province, which give relief to a yearly aggregate of 1,375 patients, at a cost of about 150 dollars per head per annum. They are, with one exception, almost entirely supported by public money. That of Toronto appears to be, of all the seven, the most effective, a result which is partly owing to the consignment of its incurable patients to Malden University and Orillia, the two latter of which institutions are affiliated to it, and are under the control of its head officer. Rockwood, which is as yet incomplete, is devoted to criminal lunatics. The St. John asylum is small and bad, but will, probably, shortly be replaced by a larger building. It had been some time since proposed to remove this establishment to a large unoccupied barrack, and the staff of officers had been proportionably increased; but at the last moment the transfer was prevented by the resumption of the building for military purposes. The asylum at Beauport is the oldest and the largest. Being a private institution, and receiving no public money, except fixed payments for the care of some lunatics sent to it by the Government, it is uncontrolled by superior authorities, except in the matter of inspection, which, in this instance, is carried out by a special commission.

There are a number of private hospitals which receive no aid from Government, and are not subject to inspection, but are known to be in a satisfactory state. There are also eight private hospitals in Upper, and the like number in Lower Canada, which are subsidised by the Government to the amount (in the last year) of 36,000 dollars for the Upper, and 17,400 for the Lower Province. These also are free from supervision, but are believed to be well managed. Lastly, under the control of the Government, are a Marine and Emigrant hospital at Quebec, and a Quarantine hospital at Grosse Isle. At the first of these 1,242 in-patients and 1,032 out-patients, chiefly of the class of sailors and recent immigrants, were treated, in 1862, at an expense of from 16,000 to 20,000 dollars, besides payments from the wealthier sick. The

Quarantine hospital, at a cost of about 6,000 dollars, admitted, in the last year, 367 cases. It is well situated, in extensive grounds.

All these public hospitals and asylums are more or less under the control of a general board of "Inspectors of Asylums, Prisons, &c.," five in number, who inspect and report specially, as may to them appear necessary, and also, at the end of each year, make a general report, which, with particular reports from the head officers of the several institutions, is presented to the Governor-General, and published. These reports are clear, comprehensive, and practical.

From the most recent reports, and the answers to the circular interrogatories, it appears that the two hospitals, and the Toronto, Beauport, and Rockwood asylums, are in a generally satisfactory state; but that the asylums of Malden, Orillia, University, and St. John, and especially the three last, are defective in many points of structure and accommodation. In all, the internal economy and the treatment of the patients are said to be all that can be desired.

It remains to point out particular defects in their material resources.

In no one of these institutions is sufficient space, according to modern standards, allowed to each patient.

The Marine hospital requires artificial ventilation, and a better supply of water by means of a force-pump from the river, or by the addition of a large tank.

The Quarantine hospital is built of wood, and is much out of repair. It is used only in the summer months, when the navigation is open.

The Toronto asylum is ill-ventilated. Dr. Taché, in his able report, says that it ought to accommodate more than the present number of patients. The great requirement is more land for purposes of recreation and employment.

The defects of the Orillia Branch asylum for incurables are, the smallness of the space—only 500 cubic feet—for each patient, in the associated dormitories, and the want of land, of which there are only 8½ acres. The fences are also insecure, a defect which necessitates either excessive confinement and restraint, or a large staff of attendants.

There is no particular information as to the University Branch, but it is said to be inferior, and to require more land and a better water-supply.

At Malden an average of only 550 cubic feet of space is allowed to each patient in the associated rooms. There is a sufficiency of land.

The Proprietary asylum at Beauport is overcrowded. A recent structure, called "Richardson's building," is reported to be defective.

The Rockwood Criminal lunatic establishment is about to be transferred to a new building which is in course of erection by convicts.

It is to be desired that immediate steps should be taken to transfer the inmates of the St. John's asylum to some better structure. The present building is wholly unfit for its purpose. The account given of this institution is that it "is still continued in the old building, formerly used as a court-house, which is only 60 feet by 40 outside, one story being 10 feet high, and the other, gained from the roof, only 9 feet. The dormitories, with an office of most contracted dimensions, a store-room, and a lavatory, occupy the whole building. There is no day-room nor dining-hall, but the former passage of the court-house is made to do duty for both. Into this space 28 males and 29 females, 57 in all, with the necessary attendants, are packed. It is impossible to convey by words an adequate idea of the miserable condition of this Asylum."* Its condition is so bad that the interrogatories are said to be "inapplicable."

All these asylums, except Beauport and Malden, urgently require more land for the sake both of economy and efficiency.

The Inspectors-General report (1st April, 1863) that lunacy or the number of candidates for admission into asylums is greatly on the increase in Canada. They recommend that no expensive improvements or enlargement should be made at the Malden asylum, which is a barrack, and may at any time be required for military purposes, or at Orillia, where a sufficiency of land cannot possibly be obtained, except at too high a rent, or at University, which is held on a precarious tenure. With reference to the Upper Province

* Canada, Despatch 9,676 of 1863. Inclosure O, p. 14.

they recommend—(i) the immediate completion of the extensions at Rockwood; and (ii) either the construction of another new asylum or the completion of that at Toronto, according to the original design, by the construction of wings, a plan which would save time, and would increase the facilities for classification and for economy of labour in the present establishment. Some such measures they consider imperatively necessary. They also urge (iii) the addition of hospitals to all the asylums. With reference to the Lower Province, they state that there are at the present time nearly 130 insane persons who are improperly provided for, in gaols and otherwise, and 60 who cannot find any accommodation at all. And (iv) they represent that there is a pressing necessity for the erection of a new asylum, with proper grounds, in the western part of the Province to replace the miserable make-shift at St. John's.

Despatch, March 16, 1863.

76. *New Brunswick.*—New Brunswick, with a population which in 1851 reached 193,800, has no public hospital. It can hardly be that none is wanted in a colony which provides for an average of 178 lunatics.

The Governor reports that the colony has reason to be proud of the condition of the asylum. It is managed by a board of five unpaid Commissioners appointed by the Governor. But it is insufficiently heated; there are no lavatories, and no proper means for amusement in winter. There are no records of restraint, nor any visitation except by each Governor once in his whole term of office.

There is an urgent necessity for some proper system of inspection and reports.

Despatch, June 30, 1863.

77. *Newfoundland.*—The defects of the hospital are that the sewage collects in a cesspool adjoining the building; that there are no baths except one slipper bath; that only one portion, recently added, has any ventilation, whilst in nine of the wards the space per head is less than 700 cubic feet; and that the reports are insufficient. This hospital admits contagious cases, and no mention is made of any resulting inconvenience.

The defects of the lunatic asylum are, that though designed for only 77 patients it is crowded with an average of 88½, and has once admitted 107; that some of the dormitories (and those the single ones, which ought to be especially roomy), give only from 510 to 561 cubic feet of space; that there is a great want of more commodious airing-courts, and of better means of amusement and employment, especially in winter, and that there are three criminal and violent inmates who greatly disturb the order of the establishment.

Despatch, March 5, 1863.

78. *Nova Scotia.*—A population which in 1851 reached 277,119 is without a public hospital.

The asylum is unfinished, very insufficient for the wants of the country, and crowded with helpless imbeciles who ought not to be suffered to lessen the means of a curative institution, and who would be better off elsewhere. The associated dormitories allow only 510 cubic feet per head, and the portion first built is damp and out of repair. The medical superintendent further asks for an airing-court for males, and some other small improvements which may be left to local care. In other respects this asylum appears to be very satisfactory.

Despatch, May 13, 1863.

79. *Prince Edward's Island.*—Prince Edward's Island is also without a public hospital.

At the asylum drainage is effected by an open gutter leading into a cesspool, and the latrines can only be cleansed by hand. The basement cells allow only 323 cubic feet per head, and none of the rest exceed and few approach 600, an amount which it is needless to say is very insufficient. Nor is there any means for ventilation except the nominal one of windows. The means for employment are equally deficient. It does not appear that there are any records of restraint, or any reports except the statutable annual return. The combination in this case of a poor-house with a lunatic asylum is believed to be exceedingly prejudicial to both branches.

Despatch, March 20, 1863.

80. *Bermudas.*—There is no hospital in the Bermudas.

The asylum is one of the worst specimens to be found in the colonies. The site is bad and cold, the walls damp. The rooms are too few, overcrowded, ill-constructed, draughty in winter, ill-ventilated in summer, and so small as to give in some cases no more than 540 cubic feet of space to each patient in single cells. There is no sewerage or drainage, and the

latrines are mere pits without outlet of any kind, and are extremely offensive. "Besides these there are in each cell fixed commodes with a copper basin and chain leading to a pit placed either below or at the back of them—a pit for each commode; and as these are open throughout, having no effluvium-traps, or convenient provision for frequently flushing them, they are fruitful sources of bad smells, as well as disagreeable objects to look at. Those attached to the noisy ward are made to open into a court at the back of it, overlooked by the windows, and are especially disgusting." The water-supply is inconveniently arranged, and the baths and lavatories so defective that it may be said that there are no provisions for cleanliness. There is a warm bath, but it is so placed that its effects are neutralized by the necessity of passing from it through a cold and exposed passage. There is no land cultivated by the patients, nor are there any sort of means for employment or exercise. There is a shower-bath in the "noisy ward," which it may be suspected is turned to no good purpose. The entire control is vested in the head keeper, who manages the stores and keeps the accounts, and seems to be practically irresponsible. The medical superintendent is non-resident, and receives only 50*l.* a-year, out of which he has to provide all medical and surgical requisites, an arrangement which requires no comment. The three *ex officio* Inspectors visit only twice in the year, the Governor never. Scanty reports are returned half-yearly. Under this system the average stay of the patients is over three years.

It would be very little to say of this institution that it had better never have existed.

Considering the defects of the present building, and that there is a great demand for increased accommodation—a very large per-centage of the inhabitants of the Island, of all classes, being asserted to labour under or to be predisposed to mental derangement—a new structure seems to be urgently required. The plans ought to be prepared by some competent engineer, and submitted to the Home authorities.

81. *Gambia.*—There is no lunatic asylum in Gambia. Despatch, March 24, 1863.

The hospital stands low and to leeward of a malarious swamp. It contains about thirty-two berths, with about 700 cubic feet of air per head, which is insufficient of itself, but is to some extent supplemented by good ventilation. There is no sewerage, and the drainage is open. The one latrine, "situate about thirty-five paces to the south-west of the hospital, is emptied when necessary, and the contents thrown into the sea." In other respects it seems to be good. The Governor visits very frequently, and is stated to be the sole author of its general efficiency.

82. *Sierra Leone.*—About 595 patients are annually treated in the Free- Despatch, April 18, 1863.
o n hospital, which is under the immediate control of the Colonial Surgeon. The wards are too much crowded, but are said to be well ventilated. There is no resident medical officer.

In the Kissy asylum there are great sanitary deficiencies: the drains are open, the latrines discharge themselves into cesspools, and the average space per head is only 603 cubic feet. The management is intrusted to a superintendent at a salary of 50*l.* per annum. The two Colonial Surgeons visit on alternate days, a system which it is difficult to reconcile with the rule of the asylum, which requires the "Medical Attendant" to inspect the whole establishment three times daily. There are no regular visits by superior authorities, and the reports are insufficient. It does not appear that any records of restraint are preserved.

A system can hardly be satisfactory which leaves the management to an ill-paid keeper. One of the visiting surgeons should at least be required to visit, inspect, and give orders for every part of the institution daily, and thus to be made responsible for its condition. The same visitors might inspect and report on both the hospital and the asylum. It appears that there is also a Quarantine hospital at Kissy, which is used for infectious cases. No details are given.

83. *Gold Coast.*—The hospital of this colony was closed in 1861 in conse- Despatch, Feb. 26, 1863.
quence of the refusal of the people to pay the poll-tax.

84. *St. Helena.*—The only apparent deficiencies of the public hospital of Despatch, July 13, 1863.
St. Helena are its bad ventilation and total want of regular visits of inspection, and the insufficiency of reports.

There is a parochial Pauper asylum, with about eight lunatic berths, supported by parochial funds, which is in a very bad state and destitute of any artificial sewerage or drainage, and of baths and lavatories. The latrines are "very primitive." There is no sufficient ventilation. The patients are employed in menial services. Restraint is said to be very rare, but is unrecorded. The parish doctor visits when summoned by the keeper, and the Colonial Surgeon occasionally. "Neither register nor records are kept," and the Governor never visits. There is no information on several important points.

Despatches, Aug. 7 and 17, 1863.

85. *Cape of Good Hope.*—(1.) The Somerset hospital at Cape Town appears to be in a satisfactory condition, except as regards visitation.

(2.) The Albany hospital at Graham's Town is in part an asylum for aged paupers. The government is vested in a committee of management, members of which visit and report frequently. Under the present system a resident lay-superintendent is the immediate manager, and there are two non-resident visiting doctors, with honorary salaries of 25*l.* per annum. It is to be desired that greater powers and direct control over the whole establishment should be given, with an increased salary, if necessary, to one of these. A proper outfall should also be substituted for the cesspools into which the sewage at present flows.

(3.) The hospital at Port Elizabeth is sanitarily very imperfect. There is no drainage, and no proper baths. The latrines and the ventilation are very bad. There are two non-resident medical officers. A similar transfer of powers and responsibility to one of these is here also desirable.

(4.) The lunatic asylum at Robben Island is in a very bad state, with much contemplation of improvements, for some of which funds were granted in the last session. It is under the management of a surgeon-superintendent, who acts under rules laid down by the Governor. The present rules were framed at a time when the asylum was much smaller than it now is, and require alteration.

The sewerage, drainage, latrines, water-supply, lavatories, and baths have been, and indeed, even at the present time, still appear to be, bad and defective in the extreme. The space allowed to each patient is, from overcrowding, only 500 cubic feet, and there are no day-rooms. There is no system of subordination amongst the attendants, who seem to have been left to perform their duties in their own way, without check or supervision. These defects indeed are all said to be in course of being remedied, but there are others which equally demand immediate reform. The patients are employed in menial services, and frequently subjected to mechanical restraint on frivolous grounds — for "being foolish in manner and action," or for attempts to escape. The only regular visits are those of the General Medical Committee. There are no proper records or returns of the grounds of detention or circumstances of admission of the patients, and complaints are made that they are not admitted directly to the asylum, but are sent, in the first place, to Somerset hospital, whence the certificates are seldom forwarded to Robben Island, so that there are no securities against improper confinement.

Despatch, June 22, 1863.

86. *Natal.*—The Grey's hospital is also a lunatic asylum and a poor asylum. There is no artificial sewerage or drainage. The arrangement of the building, which consist of wards opening from both sides into a central passage, is very strongly objected to by the physician as preventing ventilation, and tending only to diffuse miasma, especially as the passage is bent at the ends by being continued through the wings. There is one non-resident doctor, whose powers and responsibility are not described. There are no regular visits, and none but an annual report.

In the Durban hospital no fault appears, except that each patient has only 700 cubic feet of space, and that there is no system of visitation. The doctor is non-resident.

Despatch, Feb. 16, 1863.

87. *Heligoland.*—There is no hospital or asylum in Heligoland.

Despatch, May 27, 1863.

88. *Gibraltar.*—The condition of the Civil hospital of Gibraltar is very unsatisfactory. The drains are too small, ineffective, and very offensive; the latrines very badly constructed and ill-placed. There is nothing in the nature of a lavatory, except some tubs in an open yard. The smell of the kitchen diffuses itself over the building. Of the wards, the 6th Catholic, the 3rd Hebrew, the 5th and 6th Protestant, and the 1st, 2nd, 3rd, and 4th Female

Venereal, are by much too small and overcrowded. The 5th Catholic and 5th Protestant wards, and two of the Venereal wards, are intolerably offensive from the poison of the latrines, besides being ill-ventilated. The 6th Protestant ward is occupied by a female maniac, who is a great annoyance, and should at once be removed to the asylum, which is not full. The nurses are too few, and are consequently worked day and night. Visits of inspection are rare and irregular.

This institution seems to suffer from a divided command, a large portion of the funds being subscribed and controlled by different religious communities separately, and the subscribers of each persuasion being on bad terms with the rest.

The lunatic asylum is a mere adjunct to the gaol, and seems to be very badly managed by a superintendent and his wife with 80*l.* per annum, and a male assistant keeper with only 25*l.*, without allowances. The stores are kept by the superintendent, the accounts by the civil gaoler. There is no employment or provision for exercise, except in walking. Records, visits, and reports are all very insufficient. There are only from four to five patients, but some better arrangement ought to be devised than one which leaves the difficult and delicate care of insanity to an ordinary gaoler. There is no information as to the nature of the powers, duties, or responsibilities of the medical officer. He should be required to attend personally to every part of the management, and the visitors of the hospital might conveniently extend their supervision to the asylum.

89. *Labuan.*—There is neither asylum nor civil hospital in Labuan. Despatch, March 20, 1863.

90. *Hong Kong.*—There is no lunatic asylum in Hong Kong.

In addition to four military and naval hospitals there is a Government civil hospital with about fifty patients, and a Lock hospital, which admitted 485 cases in the course of 1862. These two stand close together, and the same remarks seem generally to apply to both. Syphilis is the predominant disease, even in the former. Despatch, April 23, 1863.

It is reported that "water has lately been introduced within the enclosure, but has not yet been carried into the buildings. The sewerage and drainage is very defective. There are no proper water-closets. Everything is carried away by hand, but it is by no means easy to keep the dwelling free from noxious exhalations, especially in hot weather." There are no baths of any kind. The Governor visits once a-year, and receives an annual report. It does not appear that there is any other visitation or report.

If, in the absence of proper visits and reports, it were possible to judge safely, it would seem that, excepting the great sanitary defects above-mentioned, these two hospitals are well managed.

91. *Tasmania.*—Since 1860 the Civil hospital has been under the management of a board of twelve members, appointed by and responsible to the colonial Government. The asylum is administered by nine commissioners, appointed by the Governor. Despatch, July 21, 1863.

One female and two male wards at the asylum give only from 600 to 650 cubic feet per head, but in other respects both these institutions appear to be admirably conducted, and the board and the commissioners are on the watch to improve them.

92. *Victoria.*—The Victorian hospitals are generally satisfactory, but not without defects. Despatch, Aug. 25, 1863.

That at Melbourne is not visited by superior civil authorities.

The Geelong hospital is sanitarily defective. Open drains discharge themselves into a gutter in the street; the sewage collects in cesspools and is carted away, and there are no latrines. There are none but portable baths. Six of the wards allow less than 700 cubic feet of space per head, and none more than 820. The only visits are those of the members of the Committee of Management appointed by the subscribers, and the reports are insufficient.

The report of the Committee for 1862 is very favourable.

In the Castlemaine hospital there are no latrines within doors. The space allotted to each patient is very insufficient, the most roomy ward giving only 800, and the two worst less than 325 cubic feet per head, whilst the average is 533. The provisions for visitation and reports seem to be insufficient. The Committee complain that the action taken by the Government with reference to private contributions has, with other causes, prevented them from

adding a new female ward and making other necessary improvements, but there is no explanation of what is the action referred to.

The drainage of the Ballarat hospital is defective, and the accommodation insufficient to meet the demand. The great defect is the entire want of visitation by superior civil authorities.

The Yarra Bend lunatic asylum differs from the hospitals in being entirely supported by Government funds, and apparently in being managed by a medical superintendent instead of by a board. The buildings are very inconveniently arranged, being scattered over a line of three-quarters of a mile in length. Only one latrine is supplied with water. The space allowed to each patient by the size of the wards is wholly insufficient. The total average is only 595 cubic feet, and one ward at present gives only 333. In other respects this asylum seems to have been well managed, especially since Mr. Paley's arrival. There is a visiting board of five members—two being medical—who are appointed by the Governor in Council.

The Governor regrets that a design of building three new lunatic asylums in different parts of the colony has been postponed.

Despatch, June 20, 1863.

93. *Western Australia.*—The Perth hospital seems to be generally in a satisfactory condition except as to the drainage, which is said to be "natural," and may be inferred to be defective, and as to visitation, which is not made on any regular system. The management is vested in the Colonial Surgeon.

The Freemantle hospital for convicts seems to be very good. It has been administered by the Comptroller-General.

The lunatic asylum is a small and bad establishment. The site is low and swampy, and there is no land except between two and three acres, which are rented from private persons. There is no sewerage, the drainage is doubtful, and the latrines are pits in the garden leading to cesspools. There are no baths, and a room with some tubs is the only lavatory. The information as to the space per head is absurd,* but seems to point to a great deficiency. The means for employment are quite insufficient. About fourteen patients are admitted annually, and several who cannot be received here are sent to the Perth hospital.

January 14, 1864.

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* 360 to 400 cubic inches.

Appendix.

NOTE I.—List of Colonies from which Answers have not been received.*

Bahamas.	Malta.
Montserrat.	Lagos.
St. Kitts.	British Kaffraria.
Virgin Islands.	
	New South Wales.
British Columbia.	Queensland.
Vancouver Island.	South Australia.
Falkland Islands.	New Zealand.
	Ceylon.

NOTE II.—(*a.*) Institutions which are governed by Boards (omitting Victoria).

Trinidad	2	Institutions
Turk's Island	1	,,
British Guiana	3	,,
Barbados (?)	2	,,
St. Vincent	1	,,
Grenada	2	,,
Antigua	2	,,
Dominica	3	,,
New Brunswick	1	,,
Newfoundland	2	,,
Nova Scotia	1	,,
Prince Edward's Island	1	,,
Cape of Good Hope (Albany and Port Elizabeth Hospitals)	2	,,
Natal	1	,,
Bermudas	1	,,
Gibraltar	2	,,
Tasmania	2	,,
	29	

(*b.*) Institutions of which the constitution is not described.

British Honduras	1	Institution
St. Lucia (Poor and Yaws Asylums and Immigrant and Soufrière Hospitals)	4	,,
Natal (Durban Hospital)	1	,,
Cape (Somerset Hospital)	1	,,
Hong Kong	2	,,
	9	

* Answers have been received from Bahamas since the date of the Minute.

Note III.—Appointment, Powers, and Duties of Inspectors.

The Canadian Statutes 22 Vict., cap. 110, prescribe accurately the mode of appointment and the powers and duties of such a general board of inspectors as might advantageously be imitated in the large colonies.

In those smaller dependencies in which it might not be practicable to establish salaried boards, it would be necessary to reduce the amount of the inspector's duties, which might extend to—

i. Making rules with regard to matters not provided for by the standing regulations.
ii. Summary suspension of any officer except the medical chief.
iii. Stated and occasional inspections.
iv. The consideration of all reports and returns made by the chiefs or subordinate officers; and
v. Making reports, at stated periods, of the condition and requirements of the institutions.

It is to be observed that the Canadian Act makes the inspectors responsible for the condition of the institutions. However good a precedent that Act may supply in other respects, to follow it in this would be to stultify a reformation the main object of which is to fix the responsibility on those who can be most easily and effectually reached; in other words, on one person instead of on several. It is true that if the boards are salaried, any member can be made practically answerable to whom individually a fault or omission can be brought home; but if the medical superintendent is to have the executive powers, he ought also to be responsible for their exercise, and in holding him so responsible there will be no difficulties of shifting or apportionment of blame. Though, therefore, it cannot be worth while to interfere on this one account with a generally successful system, such a provision ought not to be introduced into new constitutions.

Note IV.—Form of Medical Certificate for admission into a Lunatic Asylum in use in Nova Scotia (appended to No. 2,609, March 3, 1863).

I, the undersigned[a]
being[b] and in actual practice, hereby certify that I,
on the day of 18 , at[c] ,
in[d] , personally examined ,
of[e] , [f] and that the said
is a person of unsound mind, and a proper person to be taken charge of and detained under care and treatment; and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating insanity observed by myself; [g]

2. Facts indicating insanity communicated to me by others; [h]

(Signed)

Dated at

Two certificates are required in every case. Each examination to be separate.

[a]. Name in full.
[b]. Qualification.
[c]. Place.
[d]. County, &c.
[e]. Residence.
[f]. Occupation.
[g]. 1. Appearance. 2. Conduct. 3. Conversation.
[h]. State the information, and from whom.

Note.—All such certificates ought to be made upon oath, for better security.

NOTE V.—Form of Weekly Reports by Head-keepers or Matrons in Lunatic Asylums.

1. State of Wards.
„ Furniture and Bedding.

2. Number of patients restrained - -
„ „ secluded - -
„ „ wearing locked -
„ „ or strong dresses -
„ „ confined to bed -
„ „ „ to the house -
„ „ „ airing courts -
„ „ „ premises -
„ „ unemployed - -
„ „ not associated at meals -
„ „ who do not attend church
„ „ who do not attend meetings for recreation -
„ „ who do not wash, dress, or feed themselves -
„ „ who are wet, or wet and dirty - -

} And why

It is important that this form should be filled up by the head-keepers or matrons themselves, that they may learn to have distinct reasons for every infringement on the natural and healthy condition of the patients.

NOTE VI.—General Statistical Form for all Lunatic Asylums.

TABLE 1.

	Numbers remaining on January 1st of past Year.	Admitted during subsequent Year.	Average Inmates during such Year.	Died.	Discharged.			Average Stay of those Dead or Discharged during the Year.	Number of those who having entered before such Year still remain.
					a. Cured.	*b.* Relieved.	*c.* Unimproved.		
Males ...									
Females ...									
Total ...									

TABLE 2.

	Remained over from previous Year.		Admitted during the Year.		Discharged.				Died.		Average Stay of those Dead or Discharged during the Year.	
					a. Recovered.		*b.* Relieved.					
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Mania												
Melancholia												
Dementia												
General Paralysis												
Epilepsy												
Other Forms												

TABLE 3.—Obituary for the Year.

Number in Register or Name.	Date of last Admission and of Death.	Age at Death and whether Single, or Married or Widowed, before Admission.	Mental and Bodily State on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	Post Mortem Examination and Weight of Organs in Ounces Avoirdupois.
e.g., No. 10... ...	*e.g.*, Last admitted, March 1, 1863. Died, &c.	*e.g.*, 50 Married	*e.g.*, Mania, wound not healed	*e.g.*, 6 months. Wound on head.		
No. 11... ...						
No. 12... ...						

In cases where there are coloured patients, they should be distinguished by dividing the columns or lines for males or females respectively, according to the differences of colour.

Note VII.—General Statistical Form for all Public and General Hospitals.

Table 1.

	Remaining on January 1st of past Year.	Admitted in subsequent Year.	Average Inmates during the Year.	Number of Deaths.	Discharged.			Average Stay of those Dead or Discharged during the Year.
					a. Cured.	b. Relieved.	c. Unimproved.	
Males ...								
Females ...								
Total ...								

Table 2.—Obituary for the Year.

Name and Number in Register and Ward.	Date of Admission.	Condition when admitted.	Form, Cause, and Duration of Disorder before Admission.	Date of Death.	Cause of Death.	Post Mortem Examination (weight to be Avoirdupois).

A longer form is given in Miss Nightingale's "Notes on Hospitals, 1863," p. 160, but it could hardly be required, or be of use, even if correctly filled up, in the smaller Hospitals (*e. g.*, with much less than 100 beds).

Coloured patients should be distinguished in the manner described in Note VI.

Note VIII.—Additional Statistical Form for large Lunatic Asylums.

Table 1.—Age in relation to Form.

Age at Admission.	Mania.		Melancholia.		Dementia.		General Paralysis.		Epilepsy.		Other Forms.		Total of Each.	
	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.
Under 20 years														
From 20 to 25 years														
25 to 30 „														
30 to 35 years														
35 to 40 „														
40 to 45 years														
45 to 50 „														
50 to 55 years														
55 to 60 „														
60 to 65 years														
65 to 70 „														
70 years and upwards														
Total ..														
Deduct readmissions .														
Total of Patients..														

TABLE 2.—Ages in relation to Result.

AGE AT ADMISSION.	Recovered.		Relieved.		Died.		Unchanged.		Total.	
	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.	Single.	Married or Widowed.
Under 20 years ..										
From 20 to 25 years..										
25 to 30 „										
30 to 35 years..										
35 to 40 „										
40 to 45 years..										
45 to 50 „										
50 to 55 years..										
55 to 60 „										
60 to 65 years..										
65 to 70 „										
Over 70 years ..										
Total ..										
Deduct readmissions .										
Total of Patients ..										

TABLE 3.—Form in relation to Probable Causes.

	Probable Causes, *e. g.*,									
	Bodily Injury.	Grief.	Drink.	&c.	&c.					Totals.
Mania										
Melancholia ..										
Dementia										
General Paralysis ..										
Epilepsy										
Other forms ..										
Totals ..										

TABLE 4.—Form in relation to Education.

	Educated.	Uneducated.
Mania		
Melancholia		
Dementia		
General Paralysis ..		
Epilepsy		
Other forms		
Totals		

TABLE 5.—Form in relation to previous Occupation or Profession.

	Occupation, *e.g.*,									
	Sailors.	Soldiers.	Carpenters.	&c.	&c.					Totals.
Mania ..										
Melancholia ..										
Dementia ..										
General Paralysis										
Epilepsy ..										
Other forms ..										
Totals ..										

TABLE 6.—Form in relation to Duration of Malady and to result.

	Cured.							Dead.							Relieved.							Unchanged.							Totals.						
	Under 1 month.	Under 3 months.	Under 1 year.	Under 2 years.	Under 5 years.	Under 10 years.	Over 10 years.	Under 1 month.	Under 3 months.	Under 1 year.	Under 2 years.	Under 5 years.	Under 10 years.	Over 10 years.	Under 1 month.	Under 3 months.	Under 1 year.	Under 2 years.	Under 5 years.	Under 10 years.	Over 10 years.	Under 1 month.	Under 3 months.	Under 1 year.	Under 2 years.	Under 5 years.	Under 10 years.	Over 10 years.	Under 1 month.	Under 3 months.	Under 1 year.	Under 2 years.	Under 5 years.	Under 10 years.	Over 10 years.
Mania ..																																			
Melancholia ..																																			
Dementia ..																																			
General Paralysis																																			
Epilepsy ..																																			
Other forms ..																																			
Totals ..																																			

TABLE 7.—Duration of Malady before Treatment in relation to Result.

	Cured.							Died.							Relieved.							Unchanged.							Totals.						
Duration of Present Attack before Treatment.	In less than 1 month.	In less than 3 months.	In less than 1 year.	In less than 2 years.	In less than 5 years.	In less than 10 years.	Over 10 years.	In less than 1 month.	In less than 3 months.	In less than 1 year.	In less than 2 years.	In less than 5 years.	In less than 10 years.	Over 10 years.	In less than 1 month.	In less than 3 months.	In less than 1 year.	In less than 2 years.	In less than 5 years.	In less than 10 years.	Over 10 years.	In less than 1 month.	In less than 3 months.	In less than 1 year.	In less than 2 years.	In less than 5 years.	In less than 10 years.	Over 10 years.	In less than 1 month.	In less than 3 months.	In less than 1 year.	In less than 2 years.	In less than 5 years.	In less than 10 years.	Over 10 years.
Under 1 Week— *a.* This being first attack ... ... *b.* This not being first attack ...																																			
Under 2 Weeks— *a.* This being first attack ... ... *b.* This not being first attack ...																																			
Under 1 Month— *a.* This being first attack ... ... *b.* This not being first attack ...																																			
Under 6 Months— *a.* This being first attack ... ... *b.* This not being first attack ...																																			
Under 1 Year— *a.* This being first attack ... ... *b.* This not being first attack ...																																			
Over 1 Year— *a.* This being first attack ... ... *b.* This not being first attack ...																																			
Totals																																			

These additional tables must be filled up in two sets, one for males the other for females.

To each set of tables a warning should be added against entering the same patient several times under different heads (as under Mania and under Epilepsy) which would confuse the totals.

Where coloured patients are treated they should be distinguished in the Tables.

Note IX.—Form of Questions for Visitors.

1. Have you read the rules?
2. Have you observed any deviations from them?
3. Is the ventilation in good order? Have you observed any offensive or close smells?
4. Are the latrines in good order, and clean?
5. Are the wards, beds, and attendants tidy and clean?
6. Was the food comfortably served, and of good quality?
7. Do the patients appear to be on good terms with attendants?

And in the case of lunatic asylums—

8. Were the patients provided with sufficient means of occupation and amusement?

Colonial Hospitals and Lunatic Asylums.

January 14, 1864.

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